DOCUMENT RESUME

ED 384 201 EC 304 042

TITLE	Designing and Implementing a Comprehensive System of Education and Support for Children and Youth with Serious Emotional Disturbance. Fiscal Year 1994. Final Report.
INSTITUTION	Linn-Benton Education Services District, Albany, Oreg.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	20 Jun 95
NOTE	222p.
PUB TYPE	Reports - Descriptive (141) -- Tests/Evaluation Instruments (160)
EDRS PRICE	MF01/PC09 Plus Postage.
DESCRIPTORS	*Agency Cooperation; *Behavior Disorders; Change Strategies; Child Advocacy; County Programs; Delivery Systems; *Demonstration Programs; Elementary Secondary Education; *Emotional Disturbances; *Individualized Family Service Plans; *Integrated Services; Intervention; Models; Parent Participation; Program Development; Program Evaluation; Program Implementation; Systems Approach
IDENTIFIERS	*Oregon (Linn County)

ABSTRACT

This report describes achievements of a Linn County (Oregon) project to design, implement, and evaluate a county-wide comprehensive interagency model for achieving improved outcomes for children with or at risk of developing emotional/behavioral disabilities. The project stressed systems change, driven by full parent participation and interagency collaborative strategies. The project's six major components were: (1) a county council which provided structure for the planning, implementation, and evaluation of the model; (2) a parent support and advocacy network; (3) a county-wide systems change process focused on the school environment; (4) regionalized interagency youth service teams for developing family service plans; (5) a coordinated system of service delivery and follow-up; and (6) a plan to integrate health and social services at school sites. Individual sections of this report address: goals and objectives, theoretical/conceptual framework, description of model and participants, methodological/logistical problems, research/evaluation findings, project impact, and additional information. Thirteen appendices include forms used to record staff time use, student and family profile information, perceptions of child progress, student self-assessment, family attitudes, and system change evaluation. (DB)

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS
WASHINGTON, D.C. 20202-2642

Fiscal Year 1994

FINAL REPORT ON DESIGNING AND IMPLEMENTING A COMPREHENSIVE SYSTEM OF EDUCATION AND SUPPORT FOR CHILDREN AND YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE

CFDA Number: 84.237B2

APPLICANT:

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SUBMITTED JUNE 20, 1995

SECTION II. ABSTRACT

The purpose of the Linn County Project has been to design, implement and evaluate a county-wide comprehensive interagency model for achieving improved outcomes for children and youth with, or at risk of developing emotional/behavioral disabilities. The focus is on promoting systems change which results in the development of integrated and coherent community-based services to meet the individual needs of children and youth in this target population and their families. This systems change process is geared towards revising the ways staff and institutions think, behave, and use resources to affect the types, quality, and degree of service delivery. Full parent participation and interagency collaborative strategies drive this system change process.

Phase I of this project included improving on two existing interagency collaborative processes: The Linn County Interagency Youth Services Board (Advisory Board) at the administrative level, which oversees the county-wide planning processes, and the Youth Service Teams (YSTs) at the service provider level, which are designed to develop family service plans for children and youth who are at risk of developing, or have already been identified as having an emotional/behavioral disability. Through these two major concurrent planning processes, a comprehensive model was designed and the feasibility of the school and community's capacity to implement this model on a county-wide basis was assessed. A pilot site located in one of the YST regions was utilized to assist in the Phase I planning process. The pilot site implemented the proposed model which included a Family Services Coordinator available to the YST region to provide intensive services to the families of children in the target population. The evaluation of the pilot site provided additional information to improve design weaknesses of the proposed model.

Phase II of this project utilized a multi-faceted approach focusing on child and family outcomes, perceptions of school staff and agency service providers, consumer satisfaction, and indicators for systems change. A "Service Fit Interview" was utilized to examine the relative "fit" of identified child and family needs with agency activities and services. Each major component of the comprehensive model was evaluated. Comparative results were collected and analyzed for those in the target population who received services through this comprehensive model and those in the target population that did not obtain a coordinated plan of services.

<u>The Six Major Components of the Linn County Comprehensive Model include the following:</u>

A. **The Linn County Council on Integrated Child and Family Services, a county-wide structure for the planning, implementation and evaluation of the model.** This structure for planning addresses the expansion of broad-based community involvement; strengthening the integration of education and human services through policy development and blending of resources; creating linkages with other State and local collaborative planning efforts; and implementing methods for

assessing the impact of the project on the target population and the system's performance.

B. **Parent support and advocacy network which promotes a county-wide family-driven system.** Parents are active participants in all aspects of planning, service delivery and evaluation. Parent representatives participate on the Linn County Council and on the regional Youth Service Teams. They provide training on effective advocacy strategies, and advise school and agency staff on how to operate in a manner that is sensitive to the needs of children and families.

C. **A county-wide systems change process focused on the school environment.** This process focuses on improving the screening, early intervention and identification of children in the target population. Curriculum development, programs for staff development, and policies and procedures which promote pro-active and effective practices to achieve improved student outcomes are also targeted.

D. **Regionalized interagency Youth Service Teams for developing family service plans for children in the target population.** School districts in Linn County have access to five regionalized interagency teams which invite parents to attend team meetings where family service plans are developed from a strengths perspective. They are child and family-focused, and incorporate IEP goals as appropriate.

E. **A coordinated system of service delivery and follow-up.** This system includes three available options for service coordination. These options range in level of intensity from that of communication to more active, time-limited in-home family coordination of services. The type of service coordination to be provided is outlined in each service plan and is determined by individual family needs.

F. **A plan to integrate health and social services at school sites throughout the county.** This plan resulted in identifying a new funding strategy and subsequently accessing 1.2 million dollars in administrative Medicaid funds which are used annually for regional projects which bring health and social services to school sites throughout Linn county.

The Linn County Project clearly demonstrates that parents, school staff and representatives from multiple agencies can work effectively to design and provide a comprehensive, community-based, client-directed service system through coordination of shared responsibilities for service delivery. The impact of such a service system is greatly improved outcomes for children with or at risk of developing emotional and behavioral disabilities, as well as empowerment of parents to foster the educational success of their children.

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SECTION IV. GOALS AND OBJECTIVES

GOAL 1: DEVELOP AND IMPLEMENT AN EFFECTIVE INTERAGENCY COLLABORATIVE PROCESS AT THE COUNTY LEVEL TO OVERSEE THE PLANNING, IMPLEMENTATION AND EVALUATION OF A COMPREHENSIVE SYSTEM OF EDUCATION AND SUPPORT FOR CHILDREN WITH EBD.

Objective 1: Oversee the implementation of the comprehensive system throughout the county.

A. Organizational requirements

All organizational requirements for implementing the comprehensive model were completed. Three Family Service Coordinators were hired to provide services to the 5 regional YSTs. The coordinators were oriented in terms of the comprehensive model for serving the target population, strategies for working with families from a strength perspective, available community resources, etc. The coordinators provided training to each YST on the comprehensive model and the options for service coordination. Such trainings were also offered to school staff in districts throughout each YST region. The Family Service Coordinators established relationships and provided information about the comprehensive model to all major child and family service agencies in the county and with the Oregon Family Support Network.

A manual which provided guidelines for the operation of the YSTs and the comprehensive model for serving the target population was developed and subsequently distributed to all YST members, school principals, school counselors and agency directors. This manual was revised after one year to reflect improvements made in the system's functioning.

Weekly case-consultation meetings were held between the Family Service Coordinators, the county Attendance Officer and the Behavior Management Coordinators for peer support . Clinical supervision was made available on a bimonthly basis for all the coordinators through an outside social work coordinator.

B. Cross-Training

Cross-training was made available to share factual information among all of the schools, parents and agencies working together. Fall and Spring YST Trainings were held over the past three years. These half-day trainings were attended by school and agency staff and parents who participate in the regional YSTs and usually included between 60-80 people. The structure for the trainings varied somewhat but each training included the following components: school and agency updated information on services;

parent presentations on how to be more inviting to parents and to view situations from a parent perspective, break-out sessions on special interest topics and regional YST discussions of how to improve their team functioning. Structured assessment questions were provided to the YSTs to review their process. In addition to evaluations of each training, notes on recommendations for improvement in the model and in the YSTs were collected and shared with the Advisory Board and the YST members.

Other cross-training opportunities were made available for school staff, parents and agency staff throughout the grant period. Such cross-training opportunities included a workshop on "Legal Issues related to Student Discipline" a "Gang Prevention Community Forum" for Linn County, a workshop on "Natural Supports in the Classroom", a "Parents as Allies" workshop with pairs of parents and professionals and a full day workshop on Section 504 and the Americans with Disabilities Act.

C. Maintain implementation of YSTs and Family Service Coordination

The comprehensive model was fully developed throughout Linn County by September of 1993. Since that time, all five regional YSTs have continued to meet on a regularly scheduled bimonthly basis to develop comprehensive family service plans. Family Service Coordination was provided for children with EBD and their families who had been referred through the YSTs. The Family Service Coordinators maintained an average of 12-15 families at any given time following implementation of this model.

The comprehensive Linn County model was expanded throughout Benton County. Four regional YSTs were developed and a Family Service Coordinator was made available to service these YSTs through a different funding source. The YST model was also recently implemented in two regions of Lincoln County and in two additional nearby counties.

D. Advisory Board to monitor progress

A number of mechanisms were put in place to monitor progress of implementation of the comprehensive model. An expectation was adopted that each Advisory Board member attend at least one regional YST each year to remain current with their functioning. This expectation has been followed since its adoption.

Methods for collecting information on a case-by-case basis to determine what services children and families need that are not available and what barriers prevent them from using services that are available (i.e. transportation, cultural, interpersonal issues and eligibility rules) were developed. Family Service Coordinators and Youth Service Teams have documented identified unmet needs in working with families and this information is reported at all Advisory Board meetings as another way of monitoring the system.

A representative from each regional YST presents information to the Board on a biannual basis pertaining to unmet needs, YST functioning, goal-setting and suggested Board action. The Project Coordinator reports unmet needs as identified by the Family Service Coordinators at each board meeting. A process for sharing program-level information with the Advisory Board to trigger policy-level changes across multiple systems is now an on-going part of our model.

A committee called the Grant Task Force was set up and maintained to analyze information about system weaknesses, to identify those barriers that could be resolved by policy-level actions, and to summarize findings. This task force, composed of mid-level managers from schools and agencies, parents and a representative from each regional YST, assisted the Advisory Board in monitoring the implementation of the model and served as an effective work group to develop modifications in the system and to make recommendations back to the Advisory Board.

Objective 2: Expand Broad-Based Community Involvement in the Linn County Project

A. News Coverage

Several of the local newspapers have spotlighted the work being accomplished by the regional YSTs over the past three years. In the Sweet Home area, for example, the Sweet Home YST was featured in The New Era and introduced each of the team members as key service providers in their community. Each region in the county has had at least one article in the local newspaper on the services provided through the YST and/or the services available through the regional service integration projects.

B. YST efforts to expand linkage with community

A variety of activities have occurred to strengthen the linkage between the regional YSTs and the community. YST facilitators have made presentations to local service clubs and volunteer organizations. The Project Coordinator has made presentations to the local Chamber of Commerce, the Business/School Partnership Compact , local parent organizations and the Linn County Commission on Children and Families. Meetings were held with a variety of service groups to inform them of our model and to develop arrangements for their participation in our project. Several meetings have occurred with the local Managed Health Care Providers to invite them to participate at local school sites. Judges were introduced to the Linn County model and as a result, several referrals for service have been made by the court in Linn County.

C. Development of Regional Plan for community linkage

As a result of this project's accessing a significant amount of

Medicaid dollars to increase child and family access to health and social services (see Goal 7 for details), a community planning process occurred in each YST region. Each community invited parents, students, service providers and the larger community to participate in determining what services were needed and to develop a plan to integrate health and social services at or near school sites. The YST members provided a great deal of information about unmet needs in their local areas. Regional plans were developed primarily through community forums, needs assessment processes and focus groups. New partnerships resulted and plans to integrate health and social services were then implemented.

Also as an outgrowth of this project, a regional Alternative Education Advisory Board was developed to serve Linn, Benton and Lincoln Counties. This Board, composed of school, agency, business and private provider representatives, was created to provide linkage to all providers of alternative education services in the area and to develop a regional approach to service delivery. There is a strong linkage between this board, the YSTs and the YST Advisory Board.

The strong linkage between the regional YSTs and the Linn County Commission on Children and Families has assisted this project in making sure the regional plans are consistent with the county plan for developing a comprehensive service system. The Project Coordinator participated in the "Community Mapping Process" put on by the Commission. This was the beginning of a county-wide effort to develop a comprehensive county plan for serving children and families. Goals and objectives were developed and funding priorities were set. Having a voice in this process has resulted in expanding services for the EBD target population and their families.

D. Implementation of Regional Plans to expand community involvement

Implementation of regional plans to expand community involvement have been primarily accomplished through the six regional Service Integration Projects and through the Alternative Education Options Project. Implementation of these projects will be detailed in Goal 4 and 7.

As a result of this project's involvement in a variety of county-wide planning processes to redistribute funds, a number of additional services are now available to serve children with EBD and their families. The Family Program, funded by the local Commission on Children and Families, is now available to provide case management, mental health counseling, etc. to children between the ages of 13-17 throughout the county. The Family Program has a flexible pool of funds available to pay for a variety of goods and services that families may need. A representative from this newly created program now participates in each YST. As a result

of the regional Service Integration Projects and the Alternative Education Options Project, a representative from each of these projects has been added to the list of participants on the regional YSTs.

Also as a result of regional efforts to expand linkage with the larger community, a number of other benefits have resulted. The Sweet Home parent representative began a parent support group in the area. A concerned community member, after learning of the YST, donated funds to the local YST to create a flexible pool of funds to pay for special needs of children and families referred through the YST. The school districts in one region pooled some of their funds to create a flexible pool of funds for their YST region. The Commission on Children and Families allocated $3000 to each YST for their use in meeting child and family unmet needs.

Objective 3: Strengthen Integration of Education and Human Services

A. Provide training

Training was provided to the Grant Task Force, regional YSTs and the Advisory Board on the key elements of successful integration efforts, as identified by the Northwest Regional Education Laboratory. Key elements included the following: family-centered service delivery; comprehensive service focus; prevention orientation; empowerment focus; local community focus and synergistic procedures and process.

B. Adopt Board Policy

At the beginning of the Implementation Phase of this project, a Linn County Steering Committee on Service Integration was developed. This Steering Committee consisted of five superintendents (one for each YST region), parent representatives and most of the key health and social service agency directors for Linn County. Training on service integration was provided to the steering committee members and the components of successful integration were adopted as goal statements for the committee. Each of the goal statements subsequently became requirements for each regional Service Integration plan and each of the goals had to be met by a project prior to their accessing Medicaid funds.

Shortly before the end of the grant period, the Steering Committee on Service Integration and the YST Advisory Board were brought together to form The Linn County Council for Integrated Child and Family Services. This process of combining the two existing boards together was done primarily to enhance the collaboration between the two projects and to optimize county-wide service integration. The original Interagency Advisory Board's responsibility to oversee this comprehensive model was expanded to include oversight of 6 school-based service integration projects in the county. New

bylaws were developed, parent representation was expanded and interagency agreements were further clarified.

C. Complete Self-Assessment of Current Degree of Integration

Other instruments were utilized to measure service integration rather than the one originally planned. See explanation in Section VII.

D. Develop an Action Plan to Integrate Services

Action plans to integrate services were completed by each YST region and were subsequently implemented throughout the county. A summary of these plans are included under Goal 7.

Objective 4: Maintain and Strengthen Linkages with other State and Local Collaborative Efforts

A. Local Linkages

At the local level, effective linkages between this project and a variety of other collaborative efforts have been maintained and strengthened. Such linkages include the following: the Linn County Commission on Children and Families, the Linn County Mobile Rural Health Van Project, regional Oregon Together Projects, the Linn County Community Coordinating Council, the Linn County Child Protection Team, the Linn County CAP Committee, the Linn County Sex Offender Treatment Review Committee and the Linn County Health Care Task Force.

Linkages with the Commission on Children and Families have been maintained through a number of collaborative efforts. The staff person for the Commission is a member of the newly created Linn County Council for Integrated Child and Family Services. She participated in both the YST Advisory Board and the Linn County Steering Committee on Service Integration. One of the members of the Commission has become a representative on one of the regional YSTs. From this linkage, he often takes back information obtained through his YST involvement to the Commission. The Project Coordinator attends Commission meetings periodically to update members on the progress of our project and to identify gaps in service delivery. The Commission has several planning subcommittees, i.e. Healthy Moms and Healthy Tots, Healthy Start, Status Offender Project, etc. and a representative from our project is represented on each of these subcommittees. Our project has participated in the Community Mapping Process and has been involved in determining funding priorities for the Commission. Subsequent to the last legislative session, much of the state money was diverted back to the local Commissions to fund local priorities. Our linkage with the local Commission has ensured that the needs of the EBD population are taken into consideration for funding.

Each of the other local linkages have resulted in improvement in the overall service delivery system for the EBD target population and their families. For example, the Project Coordinator and one of the Family Service Coordinators has maintained linkage with the Linn County Mobile Rural Health Van Project. This linkage has resulted in the van providing health and mental health services to each of the rural YST regions as well as providing enhanced services at the service integration sites.
Another example of positive results is the linkage between this project and the Linn County Coordinating Council which screens for State Hospital placement and the Linn County CAP Committee which screens and reviews placements at the State Training School. Through these linkage, planning takes place to ensure least restrictive community placements, the development of transition plans and increased communication between YSTs, schools and the Juvenile Department in relation to youth returning to the communities.

B. State Linkages

Effective linkages have been maintained with state level organizations and interagency planning efforts. Linkages have been maintained with the Oregon Family Support Network, the Research and Training Center for Family Support and Children's Mental Health, the Oregon Department of Education's Task Force on Integrating Social Services in the schools and the Oregon Department of Education's Cadre Training . Numerous benefits have been realized by these connections.

With regards to the linkage with the Oregon Family Support Network, several local parent support groups have resulted. The Director of the network is a member of the Grant Task Force, participates in all YST trainings put on by our project and has been very instrumental in advocating for parents of children in the target population. Our project and the Oregon Family Support Network has co-sponsored biannual state-wide conferences for the past two years. We have co-sponsored another conference in May, 1995, with Jane Knitzer as the keynote speaker.

The Research and Training Center has been involved with our project since its inception. Staff from the Center provide consultation to project staff, primarily in relation to evaluating the impact of the project on children and their families. They have provided a "Parents as Allies Workshop" in our area, trained our project's parent representatives to the YSTs and Advisory Board on "Parents as Policy-makers" and have met with our parent representatives to evaluate how empowered they feel in their role on the various boards. The Research and Training Center puts on a national conference each year on Case Management and Family Support. Our Linn County Model has been showcased at each of these conferences.

The Project Coordinator participated on the Oregon Department of

Education's Task Force on Integrating Social Services in the Schools until the objectives of the group were met. This Task Force was disband with the completion and distribution of the Task Force Report to all school districts in the State. This report outlined best practices, model programs in Oregon and guidelines for integrating services at school sites.

A Behavior Management Coordinator was selected by the Oregon Department of Education to participate in Cadre Training for working with children and youth who are identified as "Seriously Emotionally Disturbed . This coordinator is now available to provide consultation to others around the State on effective and pro-active intervention strategies.

C. Create new linkages as a result of legislative direction

The innovativeness and effectiveness of specific components of our Linn County Project has been recognized throughout the county and the State. As a result of this recognition, project staff have been invited to participate in a variety of newly created interagency work groups at the local and state levels. At the local level, we have participated in setting funding priorities and allocating resources to new programs funded by the Commission. Following a redistribution of state funds to local Commissions, the Project Coordinator and Coordinator of the Behavior Management Program participated in allocating money to fund The Family Program. This program provides intake and referrals services, a case-management component, a mental health component and a flexible pool of funds to wrap services around families. The Commission also recently put together a Task Force on Child and Adolescent Issues and both Coordinators now also participate on this . The purpose of this group is to set funding priorities for the upcoming year.

One of the Family Service Coordinators with our project was invited to participate in the Children's Services Division Placement Review Committee to review all out-of home placements and to develop community options for service. Involvement with this committee has increased the coordination with the local YST plans. Another Family Service Coordinator with the project was invited to join the Linn County Multi-disciplinary Team on Child Abuse. One task of this group was to plan for the allocation of $75,000 annually. An assessment center will be developed in Albany to provide remedial services and assessments to victims of child abuse. Medical and mental health treatment programs will be available at the center. The Assessment Center will expand in the future to include satellite centers in more rural parts of Linn County.

At the state level, project staff have become involved in several new efforts to improve the service delivery system. The passage of Senate Bill 26 which unifies Educational Service Districts throughout Oregon and which recommends that ESD's take a leadership

role in integrating human and educational services, led to a statewide subcommittee on Service Integration. This subcommittee is designed to draft Oregon Administrative Rules for the integration of services and the role ESDs should take. The Project Coordinator presented information to this subcommittee on the Linn County model and many of this project's components have been recommended through this subcommittee. Also as a result of Senate Bill 26, a new linkage has been developed with all the ESD people from around the state who have been assigned major responsibility for service integration. The Project Coordinator is now a member of this group which meets monthly to exchange information and to develop legislative priorities. As a result of this involvement, Linn County's YST model has been implemented in two other counties, with additional counties planning to implement this model in the future.

The Coordinator of the Behavior Management Program has participated with a committee under the Oregon Department of Education to revise the definition of "Seriously Emotionally Disturbed" to "Emotionally or Behaviorally Disabled." A bill has been drafted for this legislative session to implement this change. This change has been a priority of the Linn County Project since its inception.

Objective 5: Implement Methods for Assessing the Impact of the Project on the Target Population and the System's Performance.

A. Implement methods for process evaluation

Six month progress reports related to goals, objectives and activities are developed, distributed and reviewed by the Advisory Board, the Grant Task Force and the regional YSTs. Minutes of the Advisory Board meetings, Grant Task Force meetings and the regional YSTs reflect progress of the system's performance.

B. Implement methods for measuring the effectiveness of the project

A comprehensive plan for measuring the effectiveness of the project was developed in consultation with the Research and Training Center on Family Support and Children's Mental Health. Project staff met with Training Center staff on a quarterly basis to develop evaluation procedures for each of the goals of the project. Project staff and staff of the Behavior Management Program were trained in how to conduct Service Fit Interviews with families.

A contract was developed for Constance Layman from the Teaching Research Institute at Western Oregon State College to complete a pilot evaluation to measure the level of service coordination families experienced three months following termination with the Family Service Coordinators. This study was completed and will be

discussed in Section VIII.

A computerized data-tracking system was developed and implemented for Family Service Coordinators to tract their activities, their linkages with agencies, etc. A computerized data-tracking system was also implemented during the second year of implementation to track child and family profile information at intake and again at termination.

The Service Fit Interview was initially planned with all 100 families who received family coordination services and with 25 families who did not go through the YST or receive family coordination services. There was deviation from this original plan and this is discussed in Section VII.

C. Analyze assessment results as to impact of project on target population and system's performance.

Assessment results will be discussed in Section VIII.

Objective 6. Disseminate Information about the Project and Model

A. Presentations at National conferences

B. Presentations at state-wide conferences

C. Teach classes at OSU

Dissemination Activities will be discussed in Section IX.

STATUS OF GOAL ATTAINMENT: All objectives related to Goal 1 were completed as planned. Departures from 2 planned activities are discussed in Section VII.

GOAL 2: ENSURE THAT FAMILIES AND SURROGATE FAMILIES OF CHILDREN WITH EBS ARE FULL PARTICIPANTS IN ALL ASPECTS OF PLANNING, IMPLEMENTATION AND EVALUATION OF THE SERVICE DELIVERY SYSTEM ARE ARE EMPOWERED TO ADVOCATE FOR THEIR CHILDREN.

Objective 1: Maintain family service coordination services available throughout the county.

A. Provide Family Service Coordinator to each regional YST

There are five Youth Service Team regions in Linn County. As of August, 1993, three Family Service Coordinator (FSC) were available to the families being served by all five YST regions throughout the county. Two of these FSCs served the four rural YST regions. The third FSC served the greater Albany area.

B. Implement and maintain ongoing evaluation with parents

A number of evaluation tools were used with parents to obtain feedback from them throughout the planning and implementation of this grant. Parents involved in the process at all levels were asked to participate in evaluating the effectiveness of all community and family interventions, including parents in the community, parent representatives on the Advisory Board and on local YST teams and parents receiving services from YSTs and from FSCs.

With regard to parent input and evaluation of Family Service Consultation services, the parents' role in leading the way in developing a family service plan was valued from the very beginning. Parents were asked to work with the FSC in completing a family strengths and needs assessment, to sign off on the written plan, and to complete a Family Viewpoint Scale Pre-Test regarding the parent's perception of their ability to advocate for the needs of their children. During the three months of providing intensive service to a family, parents were routinely asked to re-evaluate the effectiveness of the current plan and to make changes as needed.

At the time of termination parents were asked for very specific feedback regarding their experiences receiving services from the FSC and other community agencies. The evaluation tools used included the "Parent Questionnaire" regarding the effectiveness of the FSCs, the "Family Viewpoint Scale Post-Test," the "Service Fit Interview," and the "Parent Perception of Child Progress Scale." The results of these evaluations instruments ar discussed in Section VIII.

Objective 2: Develop a system of extended family support

A. Expand parent support groups to include children in residential care

Family Service Coordinators discovered that the parents of children in residential treatment were often required to attend routine therapy meetings and parent groups as a part of their child's treatment program. These parents felt connected with their child's treatment team and were not eager to attend additional support group meetings. The most appropriate time to make these families aware of community resources and support groups was upon their child's discharge from the residential center. To accomplish this, a link was established with the large local residential treatment center in our community, the Children's Farm Home. Information was shared with the Farm Home regarding the purpose of the five Linn County YSTs and how their treatment staff could make use of YSTs for developing an expanded network of community support for a child and family upon the child's return home. In addition, a member of the Behavior Management staff made a similar contact with the local State Training School to encourage a YST staffing of their residents prior to their re-integration into the community.

B. Support and provide assistance with Oregon Family Support Network

In 1993 Project staff collaborated with the state-wide Oregon Family Support Network (OFSN) in a grant writing effort which has resulted in the expansion of parent support groups currently available in Linn County. It has also allowed for the development of sibling support groups to be offered in conjunction with OFSN meetings for parents.

C. Develop county-wide parent support network

Developing county-wide parent support was an activity accomplished in a collaborative effort between the ESD, Linn County school districts, the Oregon Family Support Network and Linn-Benton Community College (LBCC) Family Resource Center. The Oregon Family Support Network established active parent groups in Albany and Lebanon, and laid the initial ground work for a support group in Sweet Home. The FSC serving Sweet Home also made presentations at their support meetings and worked with a very eager group of parents there to help the Sweet Home group get off its feet. The LBCC Family Resource Center made training available throughout the county for parents, counselors and other professionals on effective parenting skills, as well as workshops to assist anyone attempting to conduct parent training and support. There is also an abundance of school based parent support and training groups available. LBCC also publishes a widely circulated quarterly newsletter updating parents and professionals around the county on the dates, times and locations of these groups.

D. Resource materials for parents-Phase 3

Resource materials were made available to parents from a variety of sources. The Linn-Benton-Lincoln ESD, along with the Oregon Family Support Network and Linn-Benton Community College Family Resource Center, have library books, videos and other resources related to parenting and family issues available to be checked out by parents. In addition, school counselors and other professionals can access these libraries as needed.

E. Statewide conference to promote parent advocacy-Phase 3

A high priority for the grant staff in any large system level intervention, as well as in delivering any service to families, was to promote parents' skills for advocating for the needs of children with emotional and behavioral disorders. In the Spring of 1994 the grant staff co-sponsored a statewide conference in Portland to promote parent advocacy activities. The Oregon Family Support Network (OFSN) and the Coalition in Oregon for Parent Education (COPE) were partners with the grant staff in this effort.

In May, 1995, OFSN and the LBE-ESD sponsored a statewide conference on "Building Parent-Professional Partnerships". A panel of professionals and parents presented the Department of Human Resources (DHR) and Youth Services Teams (YSTs) models in collaboration of services.

F. Develop directory for parents on parent education and parent support

In the Fall of 1993 the FSCs held a training for all Linn County school counselors on the topic of helping schools become more of a resource to families. In preparation for this workshop a directory was developed which contained a current list of all parent support and training groups available in our community and how to access these. Multiple copies of this directory were distributed for counselors to give to parents, or to use in their efforts to refer parents to appropriate groups. In light of how quickly the information on groups becomes outdated, schools and parents have access to the "Family Connection", a newsletter, distributed by LBCC with timely information available on existing parent groups.

G. All YSTs will maintain parent representation on teams

Establishing parent representatives as important team members on the five Linn County YSTs was a primary goal for the grant staff. However, each Youth Service Team is unique and the decision about how quickly to move toward this goal had to be left in their hands. The well established parent representation on the Advisory Board and Grant Task Force set a positive tone for accomplishing this in

a fairly timely way. A basic job description was written, and parents of children with EBD, especially those who had been through the YST process, were encouraged to participate. Schools and community professionals were also asked to nominate parents they knew who might be interested in serving on the YSTs. The Department of Human Resources Volunteer Services made training on confidentiality available to potential parent representatives. At the close of the grant period, four of the five YSTs had active parent representatives on their teams. The Sweet Home, Lebanon and Albany YSTs had two parent representatives. They expanded their role from simply attending YST staffings, to assertively contacting families before and after the meetings to help parents prepare for the experience, make sure transportation was available, answer questions, etc. These Parent Representatives began meeting quarterly with the parents from the Advisory Board during the 1994/1995 school year for support and planning.

Objective 3: Increase training opportunities and information dissemination to parents

A. Develop mechanism for information to be available to parents

In order to help parents have a clearer understanding of the YST process, how to prepare for it, and how it might benefit their child and family, a short video was produced by two YST parent representatives with the support of the grant staff. This video included an introduction to YST staffings, a brief view of a real YST meeting, and a mock interview between the two parent representatives regarding how to organize yourself and your thoughts in preparation for the meeting. Each YST region has a minimum of two copies of this video to check out to parents or to view with parents during the referral process. In addition, a very complete YST brochure was produced for distribution to parents by schools and agencies in each YST region.

B. Develop a training for parent representatives and parent trainers

By the end of the grant project parent representatives were not only receiving training, but had become active participants in providing training to school and agency staff. Parent representatives received training on confidentiality from Volunteer Services at the Department of Human Resources. They attended the Spring and Fall YST trainings and received training on a wide range of topics related to collaboration and service delivery in Linn County. During the 1994/1995 school year parent representatives began meeting quarterly and organizing their own agenda around what types of training and information they felt would be helpful for them to access in order to perform their role effectively. In addition, professionals benefited from the expertise of the parent representatives when they presented their perspective at YST trainings and Advisory Board Meetings.

Objective 4: Strengthen School-Parent partnerships

A. Sponsor "Families as Allies" training

"Families as Allies" was a workshop offered for parents and professionals regarding the enhancement of collaborative efforts on behalf of children with emotional and/or behavioral disorders. This workshop held in the Fall of 1994 was conducted by Richard Hunter, MSW, an assistant professor with the Graduate School of Social Work at Portland State University. Mr. Hunter is a nationally recognized advocate for the meaningful inclusion of families in the policy and treatment decisions that affect their children, family and community. Professionals were encouraged to attend this workshop with a parent they were currently serving. Workshop participants identified the important elements of collaboration, common barriers to effective partnership, and practical strategies to promote family-professional collaboration and advocacy.

B. Ongoing training to school staff on utilizing a parent perspective

Helping school staff become increasingly sensitive to parents' strengths and needs in their daily interactions with families at school, as well as in planning school programs and policies, was accomplished on a number of levels. The grant staff gave a workshop for counselors in the Fall of 1993 on the topic of making schools "family friendly" and about how to be more in tune with the perspective of parents. Every Fall the FSCs visited the schools in their districts to educate teachers and counselors about the YST referral. The parent participating in the process was emphased at being the cord of the YST referral and staffing process. School staff were also invited to the Spring and Fall YST trainings to work collaboratively with their local YST team in fine tuning the local network of resources and support to parents. YST trainings routinely include on the agenda an opportunity for parent representatives to give a presentation on their experience as parents and team members in advocating for the needs of parents in our county.

Objective 5: Strengthen Advisory Board-Parent partnerships

A. Pay parents for participation on Advisory Boards-Phase 3

In May, 1993 a process was developed for reimbursing parent representatives on the Advisory Board for the time they contribute to participation in Board meetings and activities, including payment for their travel costs. This process continued throughout the grant period.

B. FSC and Parent Advocates report to Board

Two parent representatives were designated as members of the YST Advisory Board, and both attended each quarterly meeting. They played an active role in advising the Board around any issue being considered, offering a parent's perspective on how these issues may impact families. The Board grew to really value and depend on the parent representatives for their viewpoint and consultation.

In addition, a Family Service Coordinator began attending Board meetings during the close of the 1993/1994 school year to report on the experiences of the project staff serving families in the five YST regions.

C. Parent Point of View at each Advisory Board Meeting

Parent representatives continue to play a critical role in keeping Advisory Board members sensitive to the real issues confronting families of children with EBD characteristics. At each quarterly board meeting, parent representatives prepared a twenty minute presentation referred to as "A Parent's Point of View" on topics related to child and family issues.

Objective 6: Implement multi-faceted evaluation procedures related to this goal

Instruments used to evaluate the degree to which parents were engaged as full participants in all aspects of planning and implementing services for their child and family included:

1. Family Viewpoint Scale, Pre-Test and Post-Test
2. Parent Questionnaire regarding Family Service Coordination
3. Service Fit Questionnaire
4. Parent Perception of Child Progress
5. Parent Perception of Agency Contacts

These tools were used to access parent feedback on the full range of grant interventions from larger system-wide plans for increasing the collaborative efforts of schools to agencies, to the effectiveness of YST staffings, to direct services provided by Family Service Coordinators. For a detailed description of each of these evaluation tools and to review the outcome data, please refer to Section VIII, "Research and Evaluation Findings."

Status of Goal Attainment: All objectives related to Goal 2 were completed. Please refer to Section VII for discussion of modifications.

GOAL 3: PROVIDE CHILDREN WITH EBD AND THEIR FAMILIES ACCESS TO A COMPREHENSIVE ARRAY OF SERVICES.

Objective 1: Maximize utilization of existing resources

A. Training to YST's

Training on the available services in the county were shared on three levels: 1) the Advisory Board had a standing agenda to update members on changes and new programs from their organizations. On this level, agency directors and superintendents were exchanging information; 2) twice yearly the ESD sponsored a YST Training for all regional teams members where updates were shared; 3) within the regional teams, members , who met twice monthly, shared new resources and changes on an ongoing basis.

B. Training to parent networks

As the parent support network developed and expanded in the county the FSC's have maintained contact with these groups. The FSC's have spoken at parent meetings on available services and in how to access the collaborative YST services. The project has worked closely with The Oregon Family Support Network and have accessed their mailing list to send parents information on appropriate training opportunities in the county.

As a member of the Grant Task Force, the director of OFSN hears at each meeting the updates from agency representatives on new programs and services which is then passed on to the facilitators of the local Parent Networks.

C. Information and Referral directory distribution

Early on in the implementation phase Information and Referral Directories were purchased by the grant project and distributed to each regional YST. This directory lists all the public and non-profit resources in the county. These directories were brought to the YST meetings and used in giving parents resource information and in developing the YST plan.

D. Vocational services

Grant staff became members of county planning teams and committees which made decisions about vocational services to ensure that the needs of youth with EBD are being addressed. In the Spring of 1994 a two-county Transition Fair was held. This was the first time that the Fair was made available to students identified SED. A variety of workshops were offered throughout the day that addressed employment preparation, mock interviews with actual employers and independent living skills.

As a member of the Linn County Transition Team, grant staff have

developed strong linkages with the Vocational Rehabilitation program, the local community college, the Transitional Specialist at the ESD and the Alternative Education program. These linkages have created contacts that foster free exchange of information about program services across agencies.

For the last two years a grant staff person has served on the regional Jobs Planning Committee. The Oregon Jobs Program, which has received national acclaim as an effective welfare reform program through the Family Support Act, offers comprehensive vocational services to parenting teens and welfare grant recipients.

During the grant period the local employment and training organization (Jobs Training Partnership Act) became members of the regional YST teams. YST meetings now include resource information on how to access employment and training services for adults and youths. Of particular importance is the information about the summer youth employment and training options which is so vital to this target population.

Objective 2: Increase advocacy efforts to pursue project goal of providing access to a full system of care in Linn County.

A. Statewide trainings for parents

In November 1993 an all day Statewide training for parents was held. This conference was co-sponsored by the ESD , OFSN and the Coalition in Oregon for Parent Education (COPE). Conference scholarships were given to parents who were unable to pay the conference fee. Workshop sessions were focused on advocacy, empowerment and resource information. Another conference was presented in May 1995 featuring Jane Knitzer as the keynote speaker.

B. Contact with local officials

Throughout the duration of the grant a county commissioner has participated as a member of the YST Advisory Board. At these Board meetings agency directors, superintendents, along with the commissioner, discuss service needs in the county and collaborate to improve service delivery. A good example of successful collaboration in advocating for comprehensive services occurred in November 1993 when the local Drug and Alcohol Program withdrew representation on the YST's due to funding cuts. Those agencies who were participating in the YST's wrote a group letter to the commissioners advocating for inclusion of health services at all YST meetings. As a result, the county commissioners allocated additional funds so that representatives from the Alcohol and Drug Program could again participate at all of the regional meetings.

Objective 3: Redirect existing funds to improve service effectiveness

A. CSD participation in YST's

Children Service Division (CSD), along with all the major social service agencies in the county, have maintained representation on the regional YST's. Their participation on the teams have enhanced the development of comprehensive YST plans for families. CSD, without additional funding, restructured their program to organize teams of caseworkers that provide direct service in each YST region. This reorganization was done to offer better and more responsive services to families. The Mental Health Department joined with CSD to increase the number of foster care facilities in the county with emphasis on therapeutic foster care for females and sex offenders.

B. Alcohol and Drug services at school

The Linn County Alcohol and Drug Program has placed drug specialists in four high schools, the alternative school, three middle schools and three grade schools in the county. This program also has representatives serving on the regional YST's. Drug and alcohol services were also added to the Linn County Rural Health Van and throughout the regional service integration projects.

C. Expanding case management services

Case management services have expanded since the project began. In addition to the case management services provided by the FSC's, the county Attendance Officer and the Behavior Management Coordinators have broaden their role to include more coordination of services with families. When appropriate, they have taken on the role of team leader for YST plans and have made home visits to ensure follow through.

D. Participation in local planning efforts to allocate funds

Advisory Board members pursued for the transfer of additional dollars intended for out-of-home care for children to be used for community family support strategies. Transfer of these dollars was not approved through the legislative process. However, other state monies were allocated to the local Commission for Children and Families to meet local needs. The director of the Commission serves on the YST Board and the project manager frequently attends Commission meetings to provide input on community needs. As a result of this collaboration, project staff have been involved in county funding decisions around child protection issues, status offending youth, service integration and alternative education options.

Objective 4: Maximize federal financing to support a full system of care in Linn County

A. Medical reimbursement for related services.

Throughout the project, discussions have occurred around accessing Medicaid dollars for some behavior management services. By January 1994 it was determined not feasible to pursue Medicaid reimbursement because the ESD was already billing for behavior management services through the Service Integration Project for administrative activities.

B. Accessing Title XIX funds

The goal of accessing Title XIX funds was accomplished and implemented in the project area. This funding strategy received State recognition and was so successful that it will be implemented Statewide in July 1995. Details of this strategy can be found in Goal 7.

C. Allocation of Title IVA and IVE funds

The Project Coordinator was in close contact with the Department of Human Resources about accessing Title IV, A & E. The state has accessed this money but it was subsequently allocated to Portland State University and to service intetration projects that weren't already accessing other funds.

Objective 5: Implement strategies for influencing legislative process

A. Meet with legislators

Selected members of the Advisory Board and the Project Coordinator met with various legislators to inform them of the Linn County Project and to encourage their support in expanding the array of services for Linn County. County commissioners were also contacted regarding local service needs. This now occurs on a regular basis as one of the county commissioners is a member of our project's Advisory board. The county commissioners agreed to provide additional funds to the Linn County Alcohol and Drug Treatment Program so they could continue their participation in each of the five YST regions.

B. Advisory Board members to advocate for services

Advisory Board members advocated at the State level for the expansion of services to Linn County through their agency budget requests and also made requests through the Linn County Commission on Children and Families.

C. Track the legislative process

In addition to the activities in A and B, the Project Coordinator tracked bills through the Oregon chapter of the National Association of Social Worker's "Legislative Committee" and advocated for legislation that would benefit the development of a more comprehensive array of services in Linn County.

D. Work through local officials to provide input for next legislative process

The Project Coordinator participates with the Commission on Children and Families through the YST Advisory Board, the DHR Steering Committee on Service Integration, the Level 7 Planning and the "Community Mapping Process". Family Services Coordinators serve on various county-wide committees to make recommendations for the next legislative session. Some of these committees are the Prevention of Child Abuse Committee, Health Care Task Force, Jobs Planning Committee, Alternative Education and School Reform.

GOAL 4: IMPLEMENT COMPREHENSIVE PLANS IN EACH SCHOOL DISTRICT IN LINN COUNTY WITH LEADS TO POSITIVE OUTCOMES FOR STUDENTS WITH BEHAVIOR AND EMOTIONAL DIFFICULTIES OR DISABILITIES.

Objective 1: Improve the screening process, early intervention, and identification for students with SED.

A. Screening, Early Intervention and Identification

Steps were taken to improve the screening, early intervention, and identification process for students with SED.

Early in the project Dr. Hill Walker, the author of Systematic Screening for Behavior Disorders (SSBD), was contacted and subsequently contracted to provide a training on SSBD. The training was provided to 60 participants.

In addition, training was done with the social service agencies including Mental Health, Juvenile Department, and Children's Services Division to educate them on Federal and State law regarding identification of students and service provision under the law. This in turn allowed these agency staff to ask informed questions at the YST meetings.

Currently there is one school district and two other individual buildings which are implementing the SSBD process. While it is important that these schools have gone in this direction, there is a greater number of districts which have selected not to implement the SSBD. The results of this training provided early indications that the school districts were going to be difficult to work with. This proved to be true in a number of areas. See explanation in Section VII.

B. Socially Maladjusted, Conduct Disorder, and Anti-Social

The Oregon Department of Education (ODE) adopted guidelines that addressed socially maladjusted, conduct disorder, anti-social behavior, and changing tp the label Emotional or Behavior Disability (EBD).

The coordinator of the Behavior Management Consultation Program was appointed to an Oregon Department of Education task force to examine the definition of Seriously Emotionally Disturbed (SED). This was one of several committees that was developed to review all handicapping conditions and make recommendations to the Oregon State Board of Education.

The SED task force recommended that the definition of Emotional or Behavior Disorder (EBD) be adopted in Oregon. At first the ODE decided against this as it believed it would then be responsible for both the IDEA definition of SED and EBD. Eventually the ODE agreed to change the label to EBD but not the criteria. The ODE

also recommended that if Congress should change the IDEA criteria that Oregon then adopt the new definition.

As part of a task force to examine the criteria for SED (as outlined above), the practice of exclusion of students who are socially maladjusted, conduct disordered, or anti-social as SED was examined. The task force recommended the language in this section of the criteria be deleted. The committee recommended that Oregon adopt the new criteria for SED being considered by Congress. This new definition has no language which can be identified to exclude students.

In April of 1995 the Oregon Department of Education was submitting changes to the Oregon State Board of Education regarding Oregon Administrative Rules for the identification of a variety of disabilities including the recommended changes to EBD. Because of technical mistakes the ODE was going to withdraw the change from SED to EBD. There was a subsequent uproar within the State Special Ed community about this proposed change that the ODE stopped the process to add additional time to make the change to EBD. This wholesale support was convincing and the changes to EBD is scheduled for the Fall of 1995.

C. Behavioral IEPs

Training of district staff on behavioral IEP's has been a constant and on-going process throughout the grant project.

There were seven trainings provided to constituent districts on writing behavioral IEPs. There was a large overall training provided to all school districts and subsequently there were trainings provided to individual districts. These included:

- Lebanon High School
- Lebanon Special Education Department
- Constituent District Special Education Staff
- Central Linn Special Education Department
- Albany School District Special Education Department
- Scio School District
- Sweet Home School District

These trainings were very successful. The project staff developed a comprehensive, practical, easily understood and implemented training. The primary problem remains with the reluctance of district staff to identify students as SED. These difficulties are further explained in Section VII.

D. IDEA and Section 504

There were three major trainings provided to all constituent districts regarding IDEA, Section 504, and the Americans with Disabilities Act. There were additional inservice trainings

provided to individual districts regarding IDEA. Staff from Student Support Services provided follow up to participants to ensure support for implementation.

The major trainings were provided by:

Jeannie Kincaid, Fall, 1994, IDEA, 504 and ADA (200 attendees)
Sue Rosler, Spring, 1994, 504 (60 attendees)
Reed Martin, Winter, 1995, 504 and ADA (200 attendees)

These trainings in total were very successful in informing constituent district regarding the requirements of the law.

In addition to the above, a workshop was conducted on intervention options for students with attendance problems. This training is based on the Attendance Barriers assessment instrument developed for the Principal's Handbook for Crisis Intervention. This workshop described interventions for barriers identified in the assessment process. The trainers included Dr. Randall Sprick, a nationally recogized trainer and staff from Student Support Services. Those attending learned about specific interventions based on the identified barriers. The interventions are based on research of best practice for attendance problems.

E. SED Definition

As described in Section I B above, the definition of Serious Emotional Disturbance (SED) was reviewed by the Oregon Department of Education. While the ODE was unwilling to change the criteria for SED they agreed to change the label to Emotional or Behavior Disability (EBD). As described in I B above there was a moment of doubt regarding this change but it will be implemented in the Fall of 1995.

F. IEP Mapping

A new model for developing IEPs was developed and implemented in all of the constituent districts by the Education Evaluation Center staff. This model is highly successful in that it is designed to be inclusive of parents and the students' needs. The IEP is developed after the "mapping" of the parents hopes and expectations for their child. This model was implemented district-by-district.

G. Internalizing and Externalizing Behaviors

Training was provided on an on-going basis to constituent district staff for internalizing and externalizing behaviors. As a result of a variety of factors which are discussed in Section VII, the staff from the Behavior Management Program experienced a tremendous increase in referrals and a subsequent increase in consultations to district staff. This includes those for internalizing and externalizing behaviors. From 1993/94 to 1994/95 there was a 25%

increase in referrals. In the 1994 to 1995 school year we have experienced a 38% increase in referrals. These increases are further explained in Section II A.

H. Modification of Instructional Practices

Project staff researched district needs on instructional practices and subsequently contracted with Marilyn Sprick to provide a full day training on Modification of Instructional Practices. This was a well received training. There were 50 participants who attended this training.

In addition to the training, project staff obtained a manual for modification of instruction practices. This manual was disseminated to all constituent district staff.

In January 1995, an Ed Net broadcast was provided statewide and made available to all local districts on modification of instructional practices. This broadcast was sponsored by the ODE.

Objective 2: Develop curriculum and programs for staff development and empowerment in all Linn County schools.

A. Ongoing Consultation

The following are projections reflecting the total number of contacts in given areas that Behavior Management Program staff will have served within their districts and/or community during the 1993/94 and 1994/95 school years:

ANNUAL DISTRICT CONTACTS ALL STAFF

	1993/94	1994/95
Phone	604	815
On-Site	3,240	4,374
Total contacts	3,844	5,189
District Consultation	331	447
Building Consultation	621	838
Classroom Consultation	1,033	1,395
Generic	371	501
Specific	3,040	4,104
Student Contact	1,262	1,704
Parent Contact	442	597
Group Contact	128	173
Community Liaison	189	255
Teacher/Counselor	1,887	2,547
Administrative	911	1,230
Inservice	7	9

ANNUAL COMMUNITY CONTACTS ALL STAFF

	1993/94	1994/95
YST	96	130
Inter-District	63	85
Inter-Agency	86	116
Community Meetings	104	140
Special Projects	36	49
ESD Business	19	26
Inservices	19	26
Grant	14	14
DHR	0	0
Miscellaneous	4	5
Grand Total All Contacts	**441**	**596**

B. Social Skills

Social skills training has been addressed as an ongoing process for schools and the Behavior Management Consultants.

Thirty-eight teams of school staff from elementary, middle, and high schools have been trained by a coordinator, Gale Elkins, in providing social skills training for students based on an instructional format. In addition, the Behavior Management coordinators were integrated with the building teams and continue ongoing participation, when appropriate. Each team developed an individual plan of implementation.

Throughout the grant period the teams worked at implementation of the social skills training. Specific programs were developed and some projects implemented to the training through previously established building programs.

C. Building Level Resources

Throughout the project, ongoing support was provided to districts when appropriate to develop school-wide student management processes or teacher assistance teams. The following schools received training:

Central Linn Elementary	1/94 - 9/94
Queen Ann Elementary	1/94 - 9/94
Sodaville Elementary	2/94 - 6/94
Crowfoot Elementary	2/94 - 6/94
Oak Grove Elementary	2/95 - 6/95
South Shore Elementary	3/95 - 6/95
North Albany Middle	3/95
Mill City Middle	3/95 - 6/95

In addition, the Sweet Home School District and the Lebanon School District have adopted a new innovation in student management. This model is called the district Student Management Team. Essentially its purpose is to develop and promote a systems perspective on student management. The composition of the team is designed to reflect a representation of all the various groups impacted by student management issues as well as each school building.

D. Staff Development

Throughout the grant period staff have continued to receive training. Specific focus of some of the trainings has been on the case management model. Other training has focused on working with families. In the Fall of 1994 a representative from Portland State University Family Study Program provided a training for working with families. In addition, project staff participated in training in behavioral IEP writing. There is also training provided through a county-wide counselor network which meets monthly to provide support and training to counselors throughout the county. Other specific individual trainings were attended by the consultants.

E. Staff Training with Families

A training was provided on working with Families as Allies by a representative from Portland State University Family Study Program. This training was provided to district staff as well as to parents. In addition, a YST training for all YST participants was provided to promote working with families in a manner that supports prevention programs. The goal of this training was to encourage proactive interventions and enhance positive functioning and reduce negative outcomes.

Objective 3: Develop policy and procedures processes which promote proactive practices for the full range of students with behavior problems or disabilities.

A. Reintegration Practices

Reintegration criteria for students with SED in self-contained classrooms has been developed and distributed to the three districts with self-contained programs. The total number of these programs has dropped from seven to four during the grant period. In addition, other circumstances affected this goal and are explained in Section VII.

B. Transition

A Family Service Coordinator with the project has become a member of the Linn County Transition Team, whose purpose is to improve standards, communication and curriculum for students with a transition plan. In May, 1993, Linn-Benton ESD was awarded a transition's grant from the Oregon Department of Education. The

grant project involved all secondary schools in both counties, in planning and implementing a "Transition Fair" for all students age 16 and older on IEPs. All students with SED in that age group were able to participate. The objectives included self-advocacy skills for students, parent involvement and education, and employer awareness.

C. Support System

A needs assessment was distributed regarding support for staff working with students with SED. Information from this process was utilized to put a planning process together.

A follow-up to the needs assessment was conducted and subsequently meetings were scheduled to develop a county-wide support organization for school staff working with students with SED. Through this process we will address inter-district resource sharing and staff recognition for teachers serving SED students.

D. Continuum of Services

A systematic process has been developed for inservicing all of the constituent districts regarding the Continuum of Services model. District staff are being advised as to the availability of the Behavior Management Consultation Program staff, the value of prevention, and the increasing liability issues regarding selected populations of students including those with SED. Below is a schedule of this process:

Alsea	2/2/94	Scio	4/4/94
Sodaville	2/3/94	Monroe	4/15/94
Lebanon	2/28/94	Albany	5/4/94
Sweet Home	2/16/94	Albany	5/12/94
Harrisburg	3/18/94	Philomath	5/16/94

In March, 1995, the Lebanon School District adopted Board Policy on the Continuum of Services model. This includes the implementation of a district process for developing student responsibility through a district management team.

A regional Alternative Education Advisory Board was established in the Fall of 1993. This Board has written bylaws, agreements, and has developed a vision for serving at-risk youth, including students with SED. The Board has also authorized a grant that has been submitted to the Oregon Department of Education to fund the project. On December 10, 1993, the ODE awarded the ESD $400,000 for the next 18 months to implement regional alternative education programs across the three-county area.

A Regional Alternative Education Opportunities project was approved by the constituent districts for the 1995/96 school year. This project is funded by the districts and the ESD jointly. The

project calls for the development of 12 Regional Alternative Centers which will be developed in conjunction with the community colleges, federal programs and other related community programs.

E. State Specialist

As of July, 1993, the Oregon Department of Education has restored the funding for a specialist for students with SED. This position has been filled and the staff person has met with the program team in September, 1993. At that time she was advised on the project and program activities.

F. Inter-district Sharing

There has been two direct occurrences of inter-district sharing of resources. A teacher from South Albany High School participated in an ESD-wide inservice on writing behavioral IEPs and the Sweet Home YST provided a training for a neighboring county in March, 1995 on the YST process. Please see Section VII.

G. Recognition and Support of Staff

Due to circumstances that are explained in Section VII, this goal was determined to be inappropriate and dropped as an area of focus.

GOAL 5: ENSURE THAT EACH CHILD WITH EBD OR DETERMINED TO BE "AT RISK" HAS ACCESS TO THE DEVELOPMENT OF AN INDIVIDUALIZED FAMILY SERVICE PLAN THROUGH AN INTERAGENCY COLLABORATIVE PROCESS.

Objective 1: Train YST members on the YST Manual

A. Consult with YST for changes

A draft of the YST Manual was distributed to regional teams for members for review. Suggestions were reviewed and changes were made when appropriate.
The completed manual includes guidelines for the operation of the YSTs and the comprehensive model for serving the target population. It was distributed to all YST members, school principals, school counselors and agency directors. The manual was revised after one year to include any improvements in the delivery system.

B. Training format and method

Training for all YST members and Advisory Board members, including parent team members, was held in the Spring and Fall of each year. These trainings included on-going review of information on the team process from the manual. Regional teams were given opportunity to review their process using the manual as a guide.

Other YST process training opportunities were made available for school staff, parents and agency staff. ESD staff presented these workshops in schools and community agencies.

C. Parent advocate training

Parent representatives were included in all the YST trainings. In addition, new parent representatives met with FSCs for orientation and received a copy of the YST manual for additional reference.

D. Evaluate format and method

Team members were surveyed for suggestions at the end of every YST training. These evaluations indicated what was helpful and what could be improved in providing future training. These suggestions were reviewed by the Advisory Board, Grant Task Force and YST members. These suggestions were used in planning the following trainings.

E. Orientation and update trainings

YST training was held twice yearly for the past two years for YST

members. In these trainings information from the manual was reviewed for past members. New members received an orientation to the YSTs and were given manuals. The structure for the trainings varied depending on the training needs. Different parts of the model were featured during the trainings.

Lincoln County requested help in organizing and training YSTs in Lincoln County. Consultation was provided through the ESD and two teams were organized and trained. The manual was revised to meet the needs of Lincoln County. The basic process is consistent throughout Benton and Linn County YST process.

F. Evaluate trainings.

Each training was evaluated to determine if the needs of the team members was being met. These evaluations were used to determine future trainings for the teams. The evaluations indicated that the YST trainings were very helpful in helping team members make plans for children and families.

Objective 2: Develop a pool of funds and resources in each YST to be used to meet identified service needs when the service is not available.

A. Explore funding to create flexible pool of funds

The activities for this task originally involved billing Medicaid for the services of the FSC. In exploring this option, it was discovered that reimbursement was not possible because the coordinators were already funded with federal money. This created a "double-dipping" effect.

In response to the need for a flexible pool of funds, local community businesses, clubs, churches and individuals were contacted for donations. One team was able to develop a pool of donated funds for use by the team.

In revising the funding for Children's Services Division, the State designated the local Linn County Commission on Children and Families to distribute Title 19 monies for children age 13-17, who meet specific requirements. The Commission determined that the five YST teams would each receive $3000 to be used in meeting the needs for these children.

B. Develop pool of resources and services other than money within each YST

Regional service integration projects completed an assessment of their local resources and compiled a list of services that were available. In one area this information was compiled on a computer base. In another area a local directory of services was

compiled and distributed.

Regional team members made presentations at local clubs and business to inform them about the YSTs and the need for resources.

C. Develop a method of distributing funds and resources

A check sheet has been designed and distributed to the teams to access funds from the Commission on Children and Families. Other resources are used with the approval of the club or business donating the service.

Objective 3: Maintain YST model county-wide

A. Hiring Family Services Coordinators

Three FSCs were hired at the beginning of the Implementation phase of the grant. All five YSTs receive the services of the FSCs. Assignments are made according to population and location of the region being served.

B. Train YST on Model

All team members were trained on the YST model and team process. Training for members is described in Objective 1.

C. Ensure that the YST process is consistent

With the completion of the Youth Services Teams Manual, all training of YST members was consistent. Organized trainings included all regional teams resulting in all team members having received the same information. Data collection and evaluation of each regional team used the same forms and instruments.

D. The YST process for implementation of the YST model is consistent throughout county for data collection and evaluation.

Data collection forms were designed for use by all Linn County YSTs. These data forms included information about the student being staffed, who made the referral, current involvement with agencies and suggested contacts to be made as part of the plan for the student. Unmet needs in the community were also documented on this form. Each team appointed a team member to be responsible for collecting this data during the meetings.

Objective 4: Ensure that all children identified SED are referred to YSTs

A. Adopt a policy that all children with SED will be referred to the YST at least for the three-year evaluation.

The Grant Task Force reviewed the possibility of having all children identified SED referred to the YSTs and determined that to do so would overburden the teams' scheduling times. Teams usually had a backload of students who needed to be brought to the teams for planning. To complete this part of the objective would have been detrimental in serving students and families who had greater need of the teams' services. See section VII for additional information.

B. Adopt the procedure that school personnel will refer a student to the YST at the time a request is made for SED evaluation for the student.

See explanation under 'A'.

C. Adopt a procedure that ensures that any student with SED in a self-contained classroom who cannot reintegrate to the mainstream after one year will be referred to the YST.

Due to a reduction in funding to schools, SED self-contained classrooms in most schools were discontinued. All students identified SED were mainstreamed as a result of this process.

GOAL 6: ENSURE THAT A MECHANISM FOR SERVICE COORDINATION AND MODIFICATION OF A PLAN BASED ON CHILD AND FAMILY'S CHANGING NEEDS IS IN PLACE FOR ALL CHILDREN WITH EBD.

Objective 1: Maintain implementation of methods to ensure that all YST family service plans include a mechanism for coordination, monitoring and follow-up by the Family Resource Teams, Case Managers or FSCs.

A. Hiring FSCs

Three Family Service Coordinators were hired to provide services to the 5 Regional Youth Service Teams. In addition, 1 FSC was hired to expand these services in Benton County.

B. Training FSCs

Training has provided to all FSCs which included the comprehensive model for serving targeted population, strategies for working with families from a strengths perspective and community resources. Case-consultation by a psychiatrist and licensed clinical social worker was also provided for FSCs throughout the time of the grant.

C. Training YSTs on the three options for service coordination

The FSCs made presentations to each YST on the comprehensive model and the options for service delivery. They also made presentations to the social service agencies connected with the YST's. When appropriate, additional time was given to review these options dependent on the team's needs for more information.

The comprehensive model for service coordination was presented and reviewed during the YST trainings. YST manuals were given to team members for further reference.

D. Selecting one of the three service coordination options

The process to select the most appropriate service coordination for each student staffed was included in the YST trainings. This process was also reviewed in the local YSTs as needed for further clarification.

E. Data will be collected and analyzed regarding the identification of service coordination options on all Family Service Plans developed through the regional YSTs.

A doctoral student reviewed Family Service Plans to determine the effectiveness of the service coordination.

Objective 2: Implement all three service options for service coordination and maintain utilization of these options throughout the grant period.

A. Each regional YST will continue to review and revise the three options for service coordination.

The three options for service coordination were reviewed during the YST trainings and at the regional teams when needed.

The model of attaching a FSC to each regional YST was expanded to include two rural regions in Benton County. A half-time FSC was hired to provide this service. This provided an expansion of the model to another county.

B. Develop multi-faceted evaluation procedures related to the three options for service coordination.

A post YST evaluation was developed to review the three options for service coordination. The purpose was to evaluate how effective the difference options were in providing service to families.

In addition, a doctoral student completed a study of service options. Her research indicated that those receiving the FSC option was most successful.

Objective 3: Provide Family Service Coordination Services for 100 families as assigned through the YST process.

A. Each FSC will maintain a caseload of 12 to 15 families at one time dependent on the size of the family and the intensity of services needed.

This activity was changed from maintaining a caseload of 15 families to 12 to 15 families. In working with families, it became apparent that our original goal of 15 families for each FSC did not take into account the size and needs of a family. The amount of time needed to work with a family varied dependent on these factors.

The FSCs maintained an average of 12 families at a given time.

B. Each FSC will follow-up with the family at three-month intervals following termination.

This activity was adjusted to meet the school year time schedule. Families who received services during the 1993-94 school year were reviewed the following fall when the 1994-95 school year began. This follow-up continued through February. Three graduate students contacted families to complete a follow-up survey.

A doctoral student completed a sample of families served to assess the outcome of service delivery for families as well.

The evaluation finding are discussed in Section VIII of this report.

C. FSC will complete monthly reports

FSCs completed monthly reports which showed all services provided to families. A computer data program was designed to record this information and provide a summary of all contacts when termination was completed. These reports were reviewed by the project supervisor.

D. FSCs will complete termination reports for each family

A "Family Profile" survey was developed to include all termination information. Included on the survey was unmet needs of the family, family profile, agency contacted, and other information.

GOAL 7: INTEGRATE HEALTH AND SOCIAL SERVICES AT SELECTED SCHOOL SITES

Objective 1: Secure Title XIX Funding

As a result of exploring alternative funding strategies to support the Linn County Model during Phase I of this grant, program staff learned about a strategy used by Independence, Missouri. Missouri was collecting Title XIX administrative dollars for the health-related activities school staff providing.

The Project Director and Coordinator met with the Director of the state's Department of Human Resources to ask if Linn County could implement a similar strategy. The Director agreed to have the Office of Medical Assistance Programs assist us in implementing this strategy under two conditions. First, he wanted this project of collecting administrative Medicaid funds to cover three counties; Linn, Benton and Lincoln. Second, he wanted the Medicaid reimbursement to be spent on service integration. These conditions were agreed to and a proposal to the State by Linn-Benton ESD was submitted to integrate health and social services at or near school sites across the three-county area. This proposal was approved and the Office of Medical Assistance Programs began assisting the ESD in obtaining Medicaid reimbursement.

A list of potentially allowable activities was developed with representatives from the educational community and a representative from the Office of Medical Assistance Programs. The purpose of this list was to develop a survey school staff could use to estimate percentages of time they spent engaging in health-related activities which are billable under Title XIX. In developing the survey, it was important to change Medicaid language into language that could be easily understood by school staff. The survey was developed, approved by the Office of Medical Assistance Programs and was reviewed with a representative from the regional Health Care Financing Agency. (APPENDIX I)

Each district was asked to send a representative to a training on how to conduct the surveys in their districts. Following the training, the representatives conducted the surveys in their districts. The larger school districts were asked to sample staff in their central office and to conduct the surveys in one elementary, middle and high school. The surveys in all 28 districts were completed in April, 1993.

A Memorandum of Agreement was developed and signed off by Oregon Department of Human Resources (DHR) representatives, the Linn-Benton ESD, the County Commissioners for all three counties and the superintendent of Lincoln County School District in May of 1993. An Interagency Agreement was also developed and signed off between the Office of Medical Assistance Programs (OMAP) and the Linn-Benton ESD as to the types of activities to be covered.

Sub-agreements were then developed to clarify responsibilities of each party and were subsequently signed off by the Linn-Benton ESD and each of the twenty-eight school districts. Roles of OMAP, DHR, ESD, and school districts were determined and are contained in the agreements.

Draft agreements, the survey process and billing process were all reviewed with the Health Care Financing Agency and the Office of Medical Assistance Program.

Each district was determined to be responsible for identifying those school staff who were providing administrative health-related activities which could be billed through Title XIX. All positions which were totally paid with federal funds would not be included. It was decided that in determining salaries and benefits for school staff, all federal funds would be pulled out prior to developing billing claim.

Each district was allowed to bill 5% of their quarterly claim as an indirect cost. The quarterly claim for each district included a list of the employees who carried out health-related activities in Category A (which were activities to Medicaid eligible children and families) and B (which included outreach to children and families to determine their eligibility for the Oregon Health Plan). To determine the bill for Category A activities, the formula was the percentage of time spent in the quarter doing those activities, multiplied by the employees' total salary and benefits, times the percentage of Medicaid eligible children and families in the area. To determine the bill for Category B activities, the formula was the percentage of time doing those activities, multiplied by the employees' total salary and benefits. The ESD combined the district claims into one claim and sent it on to the Office of Medical Assistance Programs.

Linn-Benton ESD agreed to provide the 50% match to OMAP. The match was forwarded to OMAP at the time of the quarterly claim. A local match proposal was written and subsequently approved by the Medicaid Management Council. Projections for collection of funds for this integration project were $1.2 million per year for the 3-county area. The Office of Medical Assistance Programs secured legislative approval for the match process in April of 1993.

A report to OMAP was submitted in June outlining the steps involved in developing a quarterly claim. A State Plan Amendment was filed as our projected reimbursement from Medicaid exceeded $1 million per year. A representative from the Federal Health Care Financing Agency reviewed our claiming process.

The first claim to OMAP was made on September, 1993 for $622,000. The 3-county area collected $311,000 for the first quarter to utilize for integrating services. Each quarter from then on, a

claim has been submitted to reimburse school staff for the health-related activities they provided. Each claim was based on the employee survey that was done in May of 1993. A new survey was completed by school staff in October of 1994 and claims are now based on the results of this survey. The total administrative Medicaid reinbursement collected for the four quarters between July, 1994 and April, 1995 totaled $1,333,979.67. This money was then allocated to the regional service integration projects.

A federal audit by a person with the Region 10 Office of the Health Care Financing Agency was requested by the state in October of 1994. The state wanted this audit to make sure the collection process was satisfactory prior to implementing this funding strategy on a state-wide basis.

The audit was completed in December of 1994. The auditor recommended specific changes in the collection process. First, rather than asking school employees to estimate the percentage of time over the year that they engage in specific activities, he wanted a survey to ask employees what they did during a particular day. He also recommended that surveys be completed in each quarter claiming period. One other recommendation he made had to do with the structure of the survey instrument. The survey told employees which activities could be reimbursed and the auditor wanted all staff activities included in the survey, with eligible health-related activities being interspersed with all the other activities.

A new survey instrument has recently been developed and has been forwarded to the Region 10 Office of the Health Care Financing Agency for review. (APPENDIX II) This new survey instrument will be utilized beginning in October of 1995 and in each quarter there after.

The state will be developing a new interagency agreement with the Linn-Benton-Lincoln ESD for continuing this project for another two years, beginning on July 1,1995.

The Oregon legislature will be reviewing this claiming process in relation to possible statewide replication. Initial projections indicate that replicating this funding strategy throughout the state would result in Oregon collecting in excess of $100 million annually.

Objective 2: Implement the integration of health and social services at selected school sites.

A. Identify and involve interested parties

A county-wide planning process composed of agency directors and superintendents was formed in each of the 3 participating counties

in January of 1993. Minutes of the planning processes are available.

Meetings were held with all of the Managed Care Providers for Linn County to invite them to participate in the service integration project. These providers would not agree to participate until the specific details of implementing the Oregon Health Plan were clarified. They were added to the mailing lists for the county planning committees so they could remain current with the project efforts to integrate services.

Once each county determined the regional sites that would implement service integration projects, each region broadened participation in project planning with its community members and local service providers. Each region put together its own local project planing committee to plan, implement and evaluate their service integration plan.

B. Form a working committee to develop and carry out steps in the planning process leading to implementation

A Service Integration Steering Committee, composed of parents, agency directors and school superintendents was set up to plan the service integration models in September of 1993. Each county proceeded quite differently in relation to this project.

Lincoln County, which has only one county school district, proceeded quickly to develop and subsequently implement a project to meet their county needs. They decided to focus on building resilient children and their project targeted middle school children and their families.

Linn and Benton counties proceeded more slowly, partly due to the large number of school districts involved. Benton County contained seven districts and Linn County contained twenty-one districts. These County Steering Committees developed a mission and guiding beliefs for their projects and then selected the regions that would be allocated funds to integrate services. Once the regions were selected, each region was required to submit their plan to integrate services. These plans were reviewed and subsequently approved by the steering committees.

Lincoln County was the first to begin implementation. The six regional projects in Linn County didn't get fully implemented until April of 1994. This might have had something to do with the 21 superintendents that were involved in the decision-making process. In May of 94, the project coordinator and state manager from the Dept. of Human Resources began holding monthly meetings with the coordinators for each of the 11 integration projects. This provided an avenue to increase sharing across projects, etc.

A summary of the implementation of the 11 projects was completed

in December of 1994 and is summarized in Objective 7 of this report.

Objective 3: Develop and utilize process and outcome evaluation procedures for all integration projects in the three-county area.

A. Determine the characteristics of effective service integration models that could be replicated.

As a result of evaluating the implementation of the service integration projects over the past year and a half, the following findings were made:

Projects that focused specifically on the Oregon Benchmark of "increasing child and family access to health care were able to show more progress than projects that chose several benchmarks to focus on.

Projects that contracted out for services received additional benefits and achieved more service integration than projects that used their funding allotment to hire new school staff to provide health services.

Projects that utilized all of their allotment of funds in hiring new school staff were subsequently unsuccessful in getting other community resources to provide services at school sites.

Projects were created that provided a balance between direct health care services, case management and referral services. In projects that focused primarily on case management services, the result was often one of linking up families with agency waiting lists.

B. Measure improved health care access for children and families by utilizing the intermediate steps to the Oregon Benchmarks.

The Department of Human Resources required each project to complete an evaluation every six months. Each evaluation was to consist of three components: data collection on the short-term indicators for "increasing access to health care, a process evaluation and consumer satisfaction surveys and analysis. The first evaluation of these projects occurred in July of 1994 and have been completed every six months since that time. These evaluation reports are available, upon request.

C. Each Regional project will assess client's view of service effectiveness

Each regional project has colledted consumer survey data and analyzed it for biannual reports to the DHR.

D. Each regional project will submit a process evaluation on a biannual basis.

Each of the 11 projects have conducted biannual process evaluations since July of 1994. These narrative reports discuss accomplishments, progress towards objectives, special challenges, critical factors behind success and assessment of program success with individuals and families served. In addition, a two-hour phone interview was conducted on a biannual basis with the Project Coordinator by DHR staff to evaluate the project in terms of its process.

The results of the Service Integration Projects have been forwarded to the state's Department of Human Resources and these results have been published in a manual on evaluation results of Service Integration Projects. These manuals have been distributed statewide. Results were also disseminated at the January 1995 statewide conference on service integration.

SECTION V. THEORETICAL/CONCEPTUAL FRAMEWORK

THEORETICAL FRAMWORK

System of Care Model: Stroul and Friedman's (1986) model for an "ideal" system of care provided the basic theoretical framework for the Linn County project's approach. This model presented a framework to guide our interagency collaborative efforts to serve children with emotional or behavioral disabilities and their families.

The Stroul and Friedman model for a system of care provides a framework for a comprehensive service system that emphasizes individualized planning and service delivery, integrated community-based, non-restrictive treatment options, and involvement of families in decision-making. Two core values guide this System of Care:

a. The system of care should be child-centered, with the needs of the child and family dictating the types and mix of services provided.

b. The system of care should be community-based, with the locus of services as well as management and decision-making responsibility resting at the community level.

Stroul and Friedman's model (1986,p.3) is defined as "...a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated system to meet the multiple and changing needs of severely emotionally disturbed children and adolescents". Seven dimensions of service are described as being essential to a comprehensive system of care:

1. Mental health services
2. Social services
3. Educational services
4. Health services
5. Vocational services
6. Recreational services
7. Operational Services

As opposed to traditional approaches which impose agency boundaries for the seven dimensions of service, this model is function specific; that is, each of the service dimensions must be addressed through coordination and collaboration to provide a comprehensive system as dictated by the needs of the family and child, not the needs of programs and service providers. This framework is illustrated in Figure 1. These seven dimensions give a framework to the comprehensive service system which must develop the capacity to provide an array of

services in a coordinated fashion. See Figure 2 for a listing of an array of services.

The role of case management is of central importance to the delivery of services in the System of Care model, and an over-arching strategy in its implementation. Stroul and Friedman (1986) identify case management as a core function that involves the brokering of services, developing and maintaining treatment plans, advocacy, treatment evaluation and service coordination. Behar (1986, p. 9) describes case management as "perhaps the most essential unifying factor in service delivery". Friesen (1990) reports that case management was selected as one of four major issues requiring attention at a conference of service providers, policy makers, and family members developing a national agenda for families of children with emotional disorders.

Experiences and research in designing comprehensive systems of care, most notably by states participating in the Child and Adolescent Service System Program (CASSP) movement, yielded a number of factors and steps that must be considered in the process of designing a local system of care. This body of experience and research provided additional guidance in terms of the Linn County project's approach.

In a report to the National Governor;'s Association, Hill (1989) outlined a number of goals for the development of the system of care:

1. Services to children with serious emotional disturbance must be developed based on the specific needs of the child and the child's family.

2. The mental health system for children with serious emotional disturbance must include a broad array of community-based treatment choices.

3. All agencies with a responsibility for children with serious emotional disturbance must provide services in an integrated fashion.

4. The funding of services for seriously emotionally disturbed children must become more responsive to their needs.

5. Research and evaluation, human resource development, and advocacy on behalf of children with serious emotional disburbance must be enhanced.

FIGURE 1: SYSTEM OF CARE FRAMEWORK

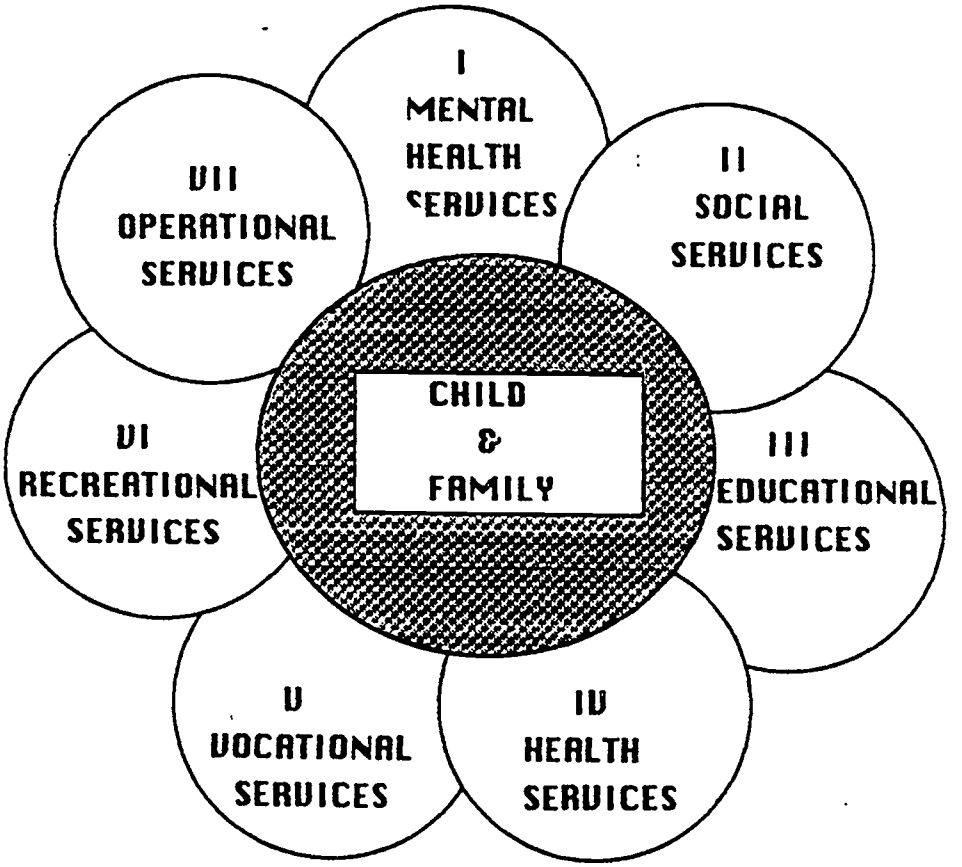


FIGURE 2: COMPONENTS OF THE SYSTEM OF CARE

MENTAL HEALTH SERVICES
PREVENTION
EARLY IDENTIFICATION AND INTERVENTION
ASSESSMENT
OUTPATIENT TREATMENT
HOME-BASED SERVICES
DAY TREATMENT
EMERGENCY SERVICES
THERAPEUTIC FOSTER CARE
THERAPEUTIC GROUP CARE
THERAPEUTIC CAMPT SERVICES
INDEPENDENT LIVING SERVICES
RESIDENTIAL TREATMENT SERVICES
CRISIS RESIDENTIAL SERVICES
INPATIENT HOSPITALIZATION

SOCIAL SERVICES
PROTECTIVE SERVICES
FINANCIAL ASSISTANCE
HOME AID SERVICES
RESPITE CARE
SHELTER SERVICES
FOSTER CARE
ADOPTION

EDUCATIONAL SERVICES
ASSESSMENT AND PLANNING
RESOURCE ROOMS/SELF-CONTAINED SPEC. ED
SPECIAL SCHOOLS AND RESIDENTIAL
ALTERNATIVE PROGRAMS/ HOME-BOUND INSTRUC.

HEALTH SERVICES
HEALTH EDUCATION AND PREVENTION
SCREENING AND ASSESSMENT
PRIMARY CARE
ACUTE CARE
LONG-TERM CARE

VOCATIONAL SERVICES
CAREER EDUCATION
VOCATIONAL ASSESSMENT
JOB SERVIVAL SKILLS TRAINING
VOCATIONAL SKILLS TRAINING
WORK EXPERIENCES
JOB FINDING, PLACEMENT AND RETENTION SERVICES
SHELTERED EMPLOYMENT

RECREATIONAL SERVICES
RELATIONSHIPS WITH SIGNIFICANT OTHERS
AFTER SCHOOL PROGRAMS
SUMMER CAMPS
SPECIAL RECREATIONAL PROJECTS

OPERATIONAL SERVICES
CASE MANAGEMENT
SELF-HELP AND SUPPORT GROUPS
ADVOCACY
TRANSPORTATION
LEGAL SERVICES
VOLUNTEER PROGRAMS

In a similar vein, the Education and Human Services Consortium identified several essential elements of comprehensive service delivery, including; 1) easy access to a wide array of prevention, treatment and support services; 2) techniques to ensure that appropriate services are received and adjusted to meet the changing needs of children and families; 3) a focus on the whole family; and 4) agency efforts to empower families within an atmosphere of mutual respect (Melaville, A. I. and Blank, M. J., 1991).

The Georgetown CASSP Technical Assistance Center (Magrab, P. R., Young, T., and Waddell, Al, 1985, p. 2) identified three interim goals essential to the planning process for designing a system of care:

1. An established network of communication for arranging the simultaneous involvement of two or more agencies or programs in the lives of individual children and their families;

2. A tracking system to ensure that young people and their families do not fall through the cracks in the service delivery system; and

3. A regular forum for clarifying policies and procedures, establishing funding responsibility for services provided, and resolving conflicts and disputes among agencies and providers as they arise.

Given these three pre-conditions for planning, the authors suggest that planning for the design of a comprehensive system of care involves, 1) defining the target population, 2) identifying participating groups, 3) determining the needs of the target population, 4) surveying service providers and summarizing community needs, and 5) planning for action (IBID). Similarly, Stroul and Friedman (1986, p. 125) indicate that planned actions must take place collaboratively and must include planning and needs assessment, interagency collaboration, technical asistance and training, constituency building, and local system development.

Melaville and Blank (1991) stress that in designing a comprehensive system, it is critical that the commitment to change be broad-based and involve all the key players, including family members who will be affected by the proposed changes. This commitment requires a shared vision, a planning structure that builds ownership at all levels, which encourages constructive conflict and its resolution, and which institutionalizes change.

Continuum of Services Model: To expand on the educational component of the system of Care model, the Linn County project utilized the Oregon Department of Education's "Continium of Services for Managing Student Behavior" model. In A Resource Guide

for Oregon Educators on Developing Student Responsibility (Oregon Department of Education, 1989), a Continuum of Services is presented for schools to use in relation to students who may be at risk or seriously emotionaly disturbed.

This continuum provides a systematic framework for encouraging student responsibility and the management of student behavior through a preventative, problem-solving process. It allows for appropriate provision of services for all students in school. It both prescribes the level of services needed to encourage students to behave in a responsible manner and describes where students are in terms of their educational placement. It also includes pre-referral interventions, data collection and overall best practice for seriously emotionally disturbed students in an educational setting. The Student Behavior Management Process is detailed in Figure 3. The Continuum of Services for Managing Student Behavior is described in Figure 4.

FIGURE 3

Student Behavior Management Process Based on Continuum of Services

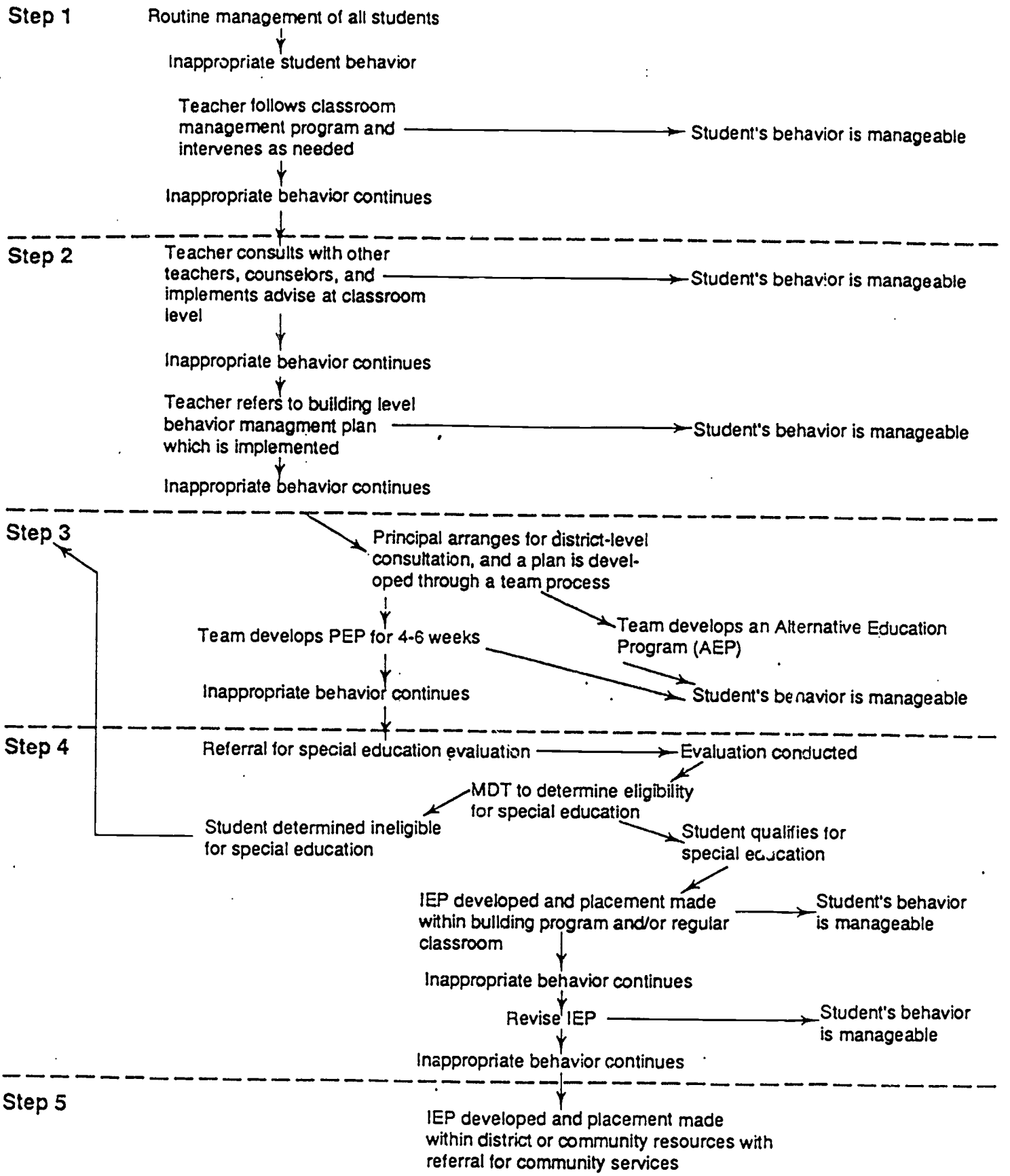


FIGURE 4

A Continuum of Services for Managing Student Behavior

Step	Responsibility	Placement/Procedure	Primary Processes
1	Classroom teacher	Regular classroom placement	a) Examination of instructional, curriculum and teaching methods b) Examination of social/cultural factors c) Classroom management process d) Teacher intervention and modification of above, as needed e) Consultation with parents
2	Classroom teacher and school staff	Regular classroom placement and referral to school resources/school discipline system	a) Team problem-solving process focused on casual factors and services needed b) Schoolwide Student Management process c) Review of Step 1 processes
3	Classroom teacher, school and district staff	Regular classroom placement or alternative educational program and request for district resources.	a) District/building team process for developing written behavior plan with student b) Coordination of behavior plan by specified staff member c) Review of Step 2 processes d) Referral to regional YST, as needed
4	Classroom teacher, school and district staff	Request for special education evaluation. Placement in a special building program and/or regular classroom	a) Team process to determine eligibility for special education b) If eligible, IEP team process to determine placement and program c) If ineligible, return to Step 3 processes
5	School staff including special education	Placement within district resources and referral to community resources	a) MDT process to evaluate continuing need for special education b) IEP process to plan services and review continued need for restrictive educational placement

Oregon State Department of Education
A Resource Guide for Oregon Educators on Developing Student Responsibility - 1989

CONCEPTUAL FRAMEWORK

The Linn County Project for designing and implementing a comprehensive system of education and support for children with emotional or behavioral disabilities was seperated into two distinct parts: Phase I for planning and Phase II for implementing. The Linn project began by building on existing processes such as the regional Youth Service Teams (YSTs), an Interagency Advisory Board and the Continuum of Services.

During **Phase I planning**, the following steps were taken:

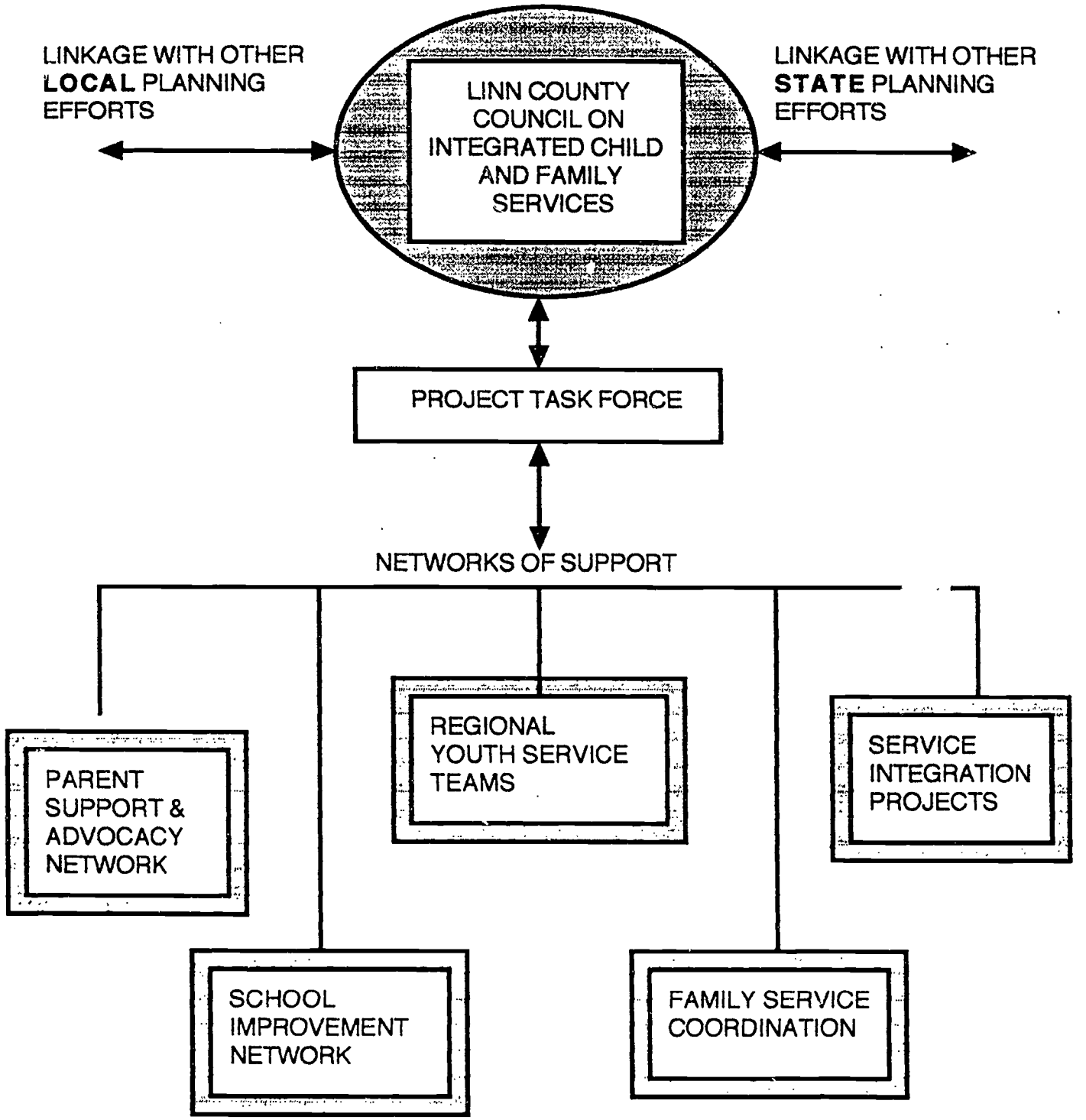
1) Expanded participation in the planning process
2) Identified the target population
3) Determined needs of the target population
4) Assessed the current system
   A. Identified the resources available in the current system
   B. Compared what was available in current system with what is needed in a full system of care
   C. Developed an action plan for expanding current system
5) Implemented the model in one pilot site
6) Evaluated results of pilot site implementation
7) Identified steps for Phase II implementation and determined system feasibility

During **Phase II implementation**, these steps were taken:

1) Provided training on the Comprehensive Model
2) Implemented the model throughout the county
3) Continued planning process to design system improvements
4) Completed objectives related to each of the 7 major components of the comprehensive model
5) Evaluated effectiveness of model
6) Disseminated results

FIGURE 5

COMPONENTS OF LINN COUNTY'S COMPREHENSIVE MODEL



COMPREHENSIVE INTERAGENCY MODEL

The purpose of the Linn County Project is to design, implement and evaluate a county-wide comprehensive interagency model for achieving improved outcomes for children and youth with or at risk of developing emotional/ behavioral disabilities. The focus is on promoting systems change which results in the development of integrated and coherent community-based services to meet the individual needs of children and youth in this target population and their families. Interagency collaborative strategies drive this system change process.

At the hub of the Linn County Model is a county-wide interagency council at the administrative level to oversee the planning, implementation and evaluation of the project. This council, when combined with five additional program components, make up the comprehensive model developed by Linn County to serve the target population. The additional components include the following:

- Regional Youth Service Teams (YSTs);
- Family Service Coordination;
- Parent Support and Advocacy Network;
- School Improvement Network; and the
- Service Integration Projects.

Each of these program components interface with each other to support the mission and goals of the project. See Figure 5 for a diagram of this comprehensive model.

LINN COUNTY COUNCIL ON INTEGRATED CHILD AND FAMILY SERVICES

PURPOSE:

This council provides the county-wide structure for planning, implementing and evaluating the comprehensive model to serve the target population. The goal of the Council is to promote the successful completion of school by all children through effective partnerships with parents, schools, agencies and the community. To reach this goal, the Council engages in the following activities:

- Policy and decision-making to improve the county's service delivery system;
- Advocating for and promoting collaboration and the integration of services for youth and families throughout the county;
- Encouraging coordination among local funding sources to improve resource utilization;
- Problem-solving to remove barriers to school success and
- Maintaining oversight responsibility for specific Council sponsored projects

Specific Council sponsored projects currently include the following:

Youth Service Teams

- Ensure the commitment of resources by all participating agencies
- Improve the efficiency and effectiveness of the regional teams
- Promote the utilization of the regional Youth Service Teams throughout Linn County

Federal Grant for Children with Serious Emotional Disturbance

- Meet the objectives for developing and implementing a comprehensive service system for the target population
- Evaluate the effectiveness of the comprehensive model
- Pursue funding options to continue family coordination services beyond the completion of the grant period

DHR Service Integration Projects

- Oversee the functioning of the regional integration projects
- Ensure that an appropriate planning process is in place to meet project objectives
- Ensure that State and Federal fiscal and programmatic requirements are met

The values and principles defined by the Child and Adloescent Service System Program (CASSP) were adopted by the Council for meeting the needs of children and youth with or at risk of

developing an emotional/behavioral disability. These values and principles were approved as the ideal in providing comprehensive services to children and their families.

STRUCTURE:

Representation

The following are being represented by the Linn County Council for Integrated Child and Family Services. Representatives are made up of agency executive officers or their designees as follows:

Adult & Family Services
Adult Probation & Patrole
Community Services Consortium
Greater Albany District
Linn-Benton-Lincoln ESD
Southern Linn Region Schools
Children's Services Division
Linn County Commissioners
Linn County Juvenile Dept.
Linn County Sheriff
Oregon State Police
Linn-Benton Community College
Northern Linn Region Schools
Lebanon Community Schools
Sweet Home Schools
Linn County Dept of Health
Parent Representatives (total of five from each of the regions)
Victim Offenders Reconciliation
Linn County Commission of Children and Families
Oregon Department of Human Resources

Agency members of the Council are appointed by the agency executive officer or designee. Selection of the representative superintendents from the regions of Northern Linn and Southern Linn regions are made made through the Mid-Willamette Superintendent's Association. Regional superintendent representatives will be made through agreement between the superintendents within each region a yearly basis by September of each year.

Participation

If the Council member sends a designee to attend the meeting, it is an expectation that the designee is given full authority to make decisions about school/agency commitments related to agenda items. Members who do not attend regularly receive a letter from the Chair asking for clarification of their ability to participate and to establish their continued interest in the Council. If they can no longer participate, they are requested to appoint a designee.

Operations

The Council meets every other month for two to three hours. Special Council meetings are held upon call of the Chair with adequate notice. A quorum consists of a majority of the voting membership to conduct any business of the Council, including the

election of officers, except changing the By-Laws. By-Laws can be revised by 2/3 majority of the Council members. Each official voting Council member has one vote.

The Council may authorize the Chair to appoint special committees and subcommittees from time to time giving consideration to balanced representation on each to deal with specific projects, problems or issues. All such appointed committees are required to report their information and/or recommendations to the Council. All appointments are reviewed annually.

The Council at their September meeting, elects from the Council membership a Chair and Vice Chair to serve for a one year term. The Chair may only serve for two consecutive terms. The Chair presides at all meetings of the Council when in attendance. In his/her absence, the Vice Chair shall preside. Linn-Benton-Lincoln ESD provides clerical support for the agendas and the recording of minutes during the Council meetings.

Meeting Process

While each meeting agenda is dependent on what topics are submitted by the members, there are a few agenda items that occur on a consistant basis. "Agency and School Updates" provides an avenue for interagency sharing about changes in staffing, funding, programs, etc. A second regular topic addressed at each meeting is an update from the Project Coordinator on the implementation and evaluation of the comprehensive model and its component parts. The third consistant agenda item is "From a Parent's Perspective". Parent Representatives on the Council choose the content they wish to address during this segment. This segment has essentially provided an avenue for parents to train administrators on topics of interest.

In addition to a variety of interagency organizational issues usually discussed at Council meetings, a variety of guests are invited to report periodically on the functioning of various components of the service delivery system in Linn County. For example, the YST facilitators and Family Service Coordinators report to the Council at least semi-annually on unmet needs, recommendations for system improvements, etc.

PROJECT TASK FORCE

A Project Task Force was set up as a subcommittee under the Council to meet every other week to work toward meeting the implementation requirements of the federal grant project for the EBD population and to make recommendations back to the Board. This Task Force was set up as kind of a work group for the Council. The large number of people on the Council, coupled with their meeting only every other month, neccesitated the development of this smaller group. The Task Force met every two weeks during the first two and a half

years of the project and on a monthly basis after that.

This twelve-member Task Force includes parents, mid-level management staff of the service provides and school communities, facilitators from the regional Youth Service Teams, the Family Service Coordinators, the Council Chair, and Parent Representatives. The Task Force is chaired by the Project Coordinator.

While the Advisory Board and Grant Task Force provide the hub for county-wide system planning, there are a number of input and feedback loops that were developed to connect the planning of this project with other planning processes going on at the local and state levels.

PROJECT LINKAGE WITH OTHER LOCAL AND STATE PLANNING EFFORTS

LOCAL:

Commission on Children and Families: Develops an annual comprehensive plan for the county and allocates the county's portion of state funds to support services and programs.

School Site Councils: Responsible to improve the school's instructional program, establish programs of staff development and develop and coordinate other aspects of school restructuring at the school site.

Mobile Rural Health Project: Provides mental health services, drug and alcohol and physical health services to rural parts of Linn County through a federal grant.

Oregon Together Projects: Community organization projects designed to increase resiliency and protective factors in local communities.

Multi-Cultural Assistance Program: Responsible for consulting with organizations including the Linn County Project regarding cultural competency issues related to working with children and families.

Linn County Parent Support Group: Provides on-going support to parents of children with emotional/behavioral disabilities.

Alternative Educational Learning Options Project: Responsible for implementing a regional alternative education system throughout Linn, Benton and Lincoln counties.

Linn County Community Coordinating Council: Responsible for approving all admissions to the Oregon State Hospital.

Linn County CAP Committee: Responsible for overseeing placements at the State Training Schools and for developing transition plans for children returning to the community.

Additional Local Committees:

* Linn County Mental Health Advisory Board
* Linn County Child Protection Team
* Sex Offender Treatment Review Committee

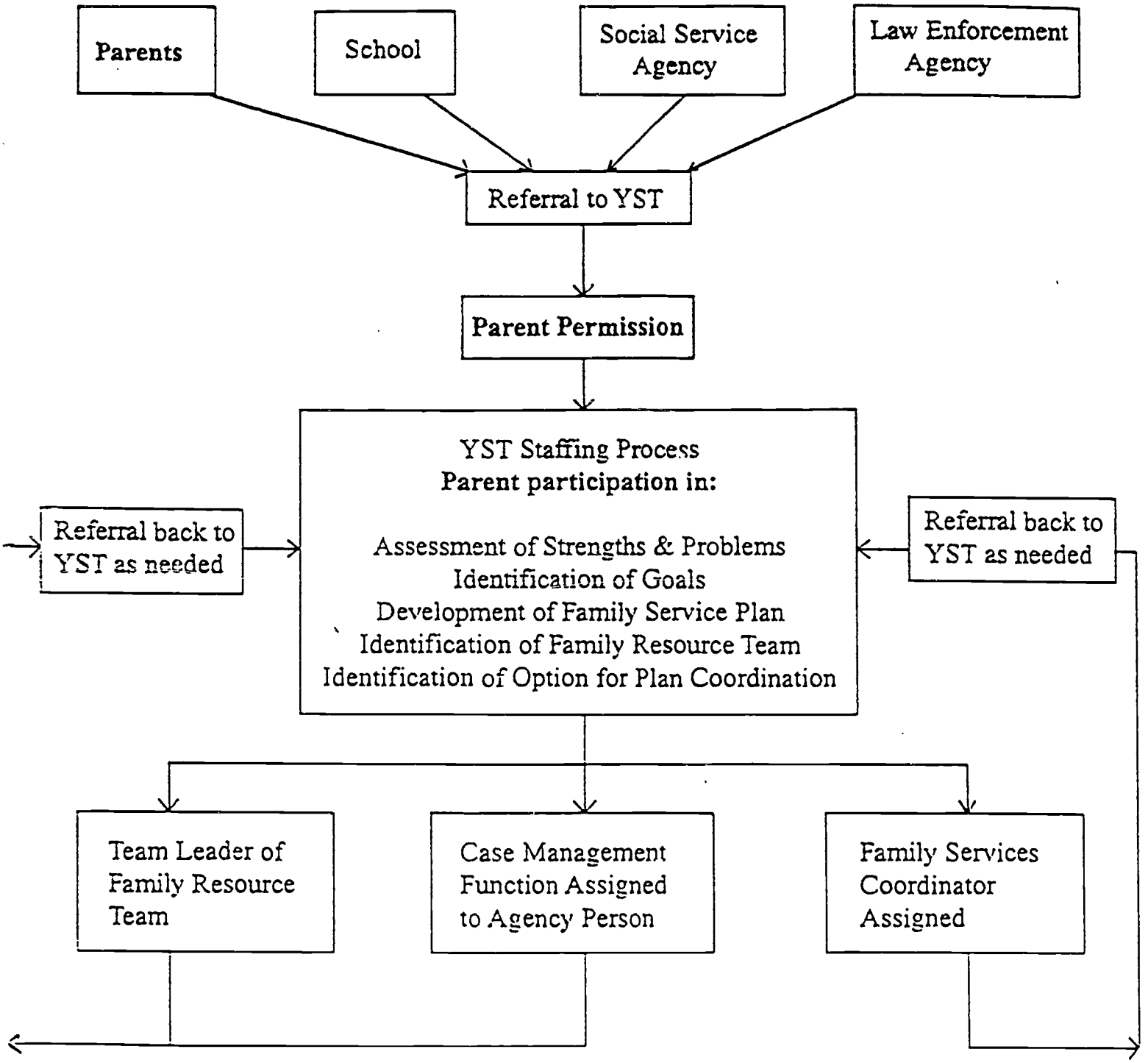
STATE LINKAGES:

* Oregon Family Support Network
* Research and Training Center on Family Support and Children's Mental Health
* Department of Human Resources Service Integration Project
* Oregon Educational Act for the 21st Century Schools Council
* Oregon Office of Medical Assistance Programs
* State Commission on Children and Families

LOCAL YST MODEL FOR PLANNING AND DEVELOPING INDIVIDUALIZED FAMILY SERVICE PLANS

FIGURE 6

YST MODEL TO DEVELOP INTERAGENCY FAMILY SERVICE PLANS



REGIONAL SYSTEM

Five regional Youth Service Teams are available to serve all children and families in Linn County. These teams provide the vehicle for interagency planning to develop individualized plans for the children referred to the teams. Members on the team include representatives from the following agencies: schools, Linn County Children's Services, Linn County Alcohol and Drug Treatment Program, Linn County Department of Health Services, Linn-Benton-Lincoln Education Service District, State of Oregon Parole and Probation, Linn County Juvenile Department, local police departments, Linn County Sheriff's Department, Oregon State Police, Adult and Family Services, Community Services Consortium, parent representative, Family Program and other community programs as appropriate.

During the 1993-94 school year, 175 referrals were made to the YSTs. One hundred eighteen of these referrals were boys and 57 were girls. Sixty-nine percent of the referrals were middle and high school aged students. Eighty-five parents attended these staffings. Presenting issues of highest concern were alcohol and rug issues, being out of control, abuse, truancy and academic failure.

YOUTH SERVICES TEAMS PROCESS

Pre-referral activities: As shown in the flow chart of the model, referrals come to the YST from parents, schools, social agencies or law enforcement agencies. The only criteria for making referrals to the YST is that the development of an interagency service plan is thought to be necessary. The pre-referral activities are generally carried out by the person making the referral. In some instances, school counselors or other YST members may be asked to assist in these activities.

When a referral is initiated, parents are contacted. Several steps are followed in meeting with parents of the child.

1. Information is given to the parents concerning the YST process and they are provided with a YST brochure. A video was made of the YST process for parents to view before attending the meeting. Parents may request this video for viewing.

2. The reason for a YST referral is explained to the parents.

3. Permission from the parents is obtained. Without this permission, the referral is not made to the team.

4. The referral forms and parent authorization for release of information is completed and signed by the parent.

5. Parents are assisted in clarifying their goals and identifying

the issues they wish to discuss at the YST staffing.

6. Parents are encouraged to invite friends, family or others to participate with them during the staffing process. A parent support person is available through the team if they request additional support.

7. Arrangements are made with the parents to either meet them at the team meeting or accompany them to the YST staffing.

Once the referral forms and parent authorization forms are completed, they are forwarded to the regional YST secretary for scheduling. The YST secretary notifies the referral source and parents of the time scheduled and sends the agenda to the teams members. Team members review the agenda and bring current information regarding children being staffed to the meeting.

The YST Staffing Process

The staffing process for developing a Family Service Plan is usually accomplished in about 30 minutes. The process of the staffing includes the following steps:

1. The parent is welcomed and the team members are introduced to the parents.

2. Information is shared about the child. Parents begin this process and are followed by any agency team members who may be involved with the child. Included in this information is current involvement, assessment of strengths and identification of the issues of concern.

3. Goals for the child are identified by parents and the referring person.

4. Options are explored to meet the goals.

5. A Family Service Plan is developed that includes the following:

   a. The services to be provided are identified.
   b. The Family Resource Team, names of those who will be working with the family from various agencies, is identified.
   c. A team leader is identified. This may be an agency case manager, a Family Services Coordinator or an agency team leader who will provide leadership in coordinating the Family Service Plan.

6. At the conclusion of the staffing, the referring person accompanies the parents from the team and provides a time to debrief with them.

Coordination and follow-up

In the process of developing the Family Service Plan, service coordination and follow-up is designated to one of three options.

Option A: A Team Leader is assigned to lead the Family Resource Team. The Team Leader is selected based on the primary presenting concerns, family preference, and who has the most contact with the family. The responsibility of the Team Leader is to maintain communication with the family, monitor changes and communicate needed information to other team members and request a YST re-staffing if the plan needs to be revised.

Option B: The Case Manager option is assigned due to the unique involvement between the agency and the family. It is utilized when an agency already has contact with a family and a case manager from that agency is already working with the family. School specialized services, such as Behavior Management Coordinators or Attendance Officer, may also be assigned as case manager when they are already working with the student and family.

Responsibilities are the same as the Team Leader.

Option C: Family Services Coordination - This option is fully described in the "Family Services Coordination" section of this report.

Youth Services Team Reviews

Children who are staffed at the Youth Services Team are reviewed at a later scheduled date to update members of the team on the progress the child is making, or, if indicated, to revise the Youth Services Team Plan. Review dates may be on a regular schedule or may be assigned a specific date. Dependent on the case, a review date may be several months from the initial staffing or at the next regular YST meeting.

RECORD KEEPING AND DATA COLLECTION

A number of forms have been developed to assist the YST process. These include documents that give permission for staffing, work sheets to help in making and writing plans, and forms to record data.

The Referral Form is designed to give team members family history and observations that will help in better understanding the child and family. The Authorization for Release and Exchange of Information gives the team members needed legal permission to exchange information with each other during the staffing. This

form meets the confidentiality guidelines of the agencies represented on the YSTs. To help parents in preparing for the staffing, the YST Worksheet was designed to define the issues and concerns that parents want to bring to the team. The plan is recorded on the Youth Services Team Plan. Listed on this plan are goals or issues to be addressed, who from the team will be responsible to respond to the issues, and the action that will take place. The Family Resource Team is also identified and the names of the team are included on the plan. The parent(s) receive a copy of this plan at the end of the staffing.

Student Data is recorded with each initial staffing. This information includes presenting concerns, age and school grade of the child, if parents are present at the staffing, which agencies are already connected with the child/family, and which agencies are recommended to be contacted for services. Unmet needs are recorded on the back of the Student Data form. This information is presented to the Board for review and possible system change.

A Consumer Survey was designed for parents, students and agency staff who are not regular members to evaluate the YST process. This information was returned to the teams for consideration.

ROLES AND RESPONSIBILITIES OF TEAM MEMBERS

YOUTH SERVICES TEAM MEMBERS

Team members work together during staffing of a child or youth to review the information presented by the family, school and other agency members. Expectations for the members are as follows:

* Upon receipt of the agenda, the member will review agency records and if there is agency contact, review current information with the appropriate agency worker.

* The member will attend the Youth Services Team meetings regularly.

* If unable to attend, the member will send a designee to the staffing or send an "Absence Report" with the current information about the child and family being staffed to the team facilitator.

* The member will come to the meeting prepared to share current information about the child being served by the representative's agency.

* Following the staffing, the member will share information obtained during the staffing with the appropriate worker(s) in the representative's agency.

* If the member is assigned to the Family Resource Team, the member will assume the responsibilities of a Family Resource Team members.

PARENT REPRESENTATIVES

Each regional team has been encouraged to include a parent representative as a member of the team. Currently, parent representatives are members of four of the teams. The parent representative is usually a parent of a child who has experienced behavioral or emotional difficulties. This child may have been referred to the YST for an interagency plan.

To become a member of the team, the parent must be affiliated with Oregon's Volunteer Program and have completed the "confidentiality" training they provide. The responsibilities of the Parent Representative includes providing support to parents during the YST process and to presen' a parent's perspective during the YST staffing. Each team has expanded the parent responsibilities to meet the needs of their region.

REFERRAL SOURCE

The referring person follows the activities as described in the pre-referral activities in the following section.

At the conclusion of the staffing, the referral person will leave with the parents in order to debrief with them.

FAMILY MEMBERS

Family members bring important information to share with the team. They become a part of the team in developing a plan for their child.

At the beginning of the staffing time, family members will be asked to share information concerning their child that will assist the team in developing a plan. Prior to the staffing, parents have completed a work sheet that helps them define their strengths, goals, and issues they want the team to address. During the staffing they may use this as a guide in telling of their concerns.

Parents are encouraged to invite someone to come with them to the staffing. This may be a neighbor/friend, clergy, or they may access the parent representative or parent advocate through Oregon Family Support Network.

YOUTH SERVICES TEAM FACILITATOR

The facilitator is the contact person for the team. He or she is responsible to open the meeting and review the information about

the child being staffed or introduce the referring person who will present the concerns. When a parent(s) is present, the facilitator will introduce the parent and team members.

During the staffing, the facilitator will lead the discussion and move the team through the staffing process within the time specified for the staffing. The facilitator may assign another team member to act as timekeeper.

YOUTH SERVICES TEAM RECORDER

The recorder records the plan as it is being developed by the team. A copy is given to the parent(s) and may be distributed to those indicated as being on the Family Resource Team.

The recorder also completes the data sheet and lists any unmet needs that the team identifies.

Any member of the team may be the recorder.

YOUTH SERVICES TEAM SCHEDULING SECRETARY

The scheduling secretary reviews the Referral and Release forms, checking that they are complete and signed. A time is scheduled for the staffing and notification of the time is relayed to the person making the referral.

An agenda for the next staffing is completed and sent to the team members. Copies of the release form may also be sent. The scheduling secretary also records review dates and includes the review on the agenda at the appropriate time.

The scheduling secretary may be a member of the team or a person affiliated with the team. In some teams, this person is from the school district. This is an in-kind service given by the district.

FAMILY RESOURCE TEAM MEMBERS

The responsibility of the Family Resource Team member is to inform the Team Leader if any significant changes occur in the student/family situation that affects the YST plan. Examples include the following:

Significant change in service/treatment status:
-dropped out of treatment
-dropped out of school
-placed on formal probation
-placed in care and custody of CSD

Significant change in behavior:
-criminal referrals to Juvenile Court
-change in attendance pattern

-significant increase or decrease in behavioral expectations

Change of school/home placement:
-placed in foster care
-hospitalized
-placed in residential treatment program
-change in educational placement/special school program
-placed in Juvenile Detention
-emergency placement

Significant change in family status or composition.

FAMILY RESOURCE TEAM LEADER

The responsibility of the Family Resource Team Leader includes ensuring that team members are informed of any significant changes in the child/family situation, as described above. This can occur through telephone contacts, written communication, or by announcing such changes at the next YST. The Team Leader will also request a YST re-staffing if a new plan is needed for the child.

AGENCY CASE MANAGER

An Agency Case Manager is selected when a particular school or agency person is already very involved with the student and agrees to serve this function. Their responsibilities would include being the team leader for the Family Resource Team, keeping team members informed of any significant changes, coordinating with other agency services and requesting a YST review if it is necessary to make a new plan.

FAMILY SERVICES COORDINATOR

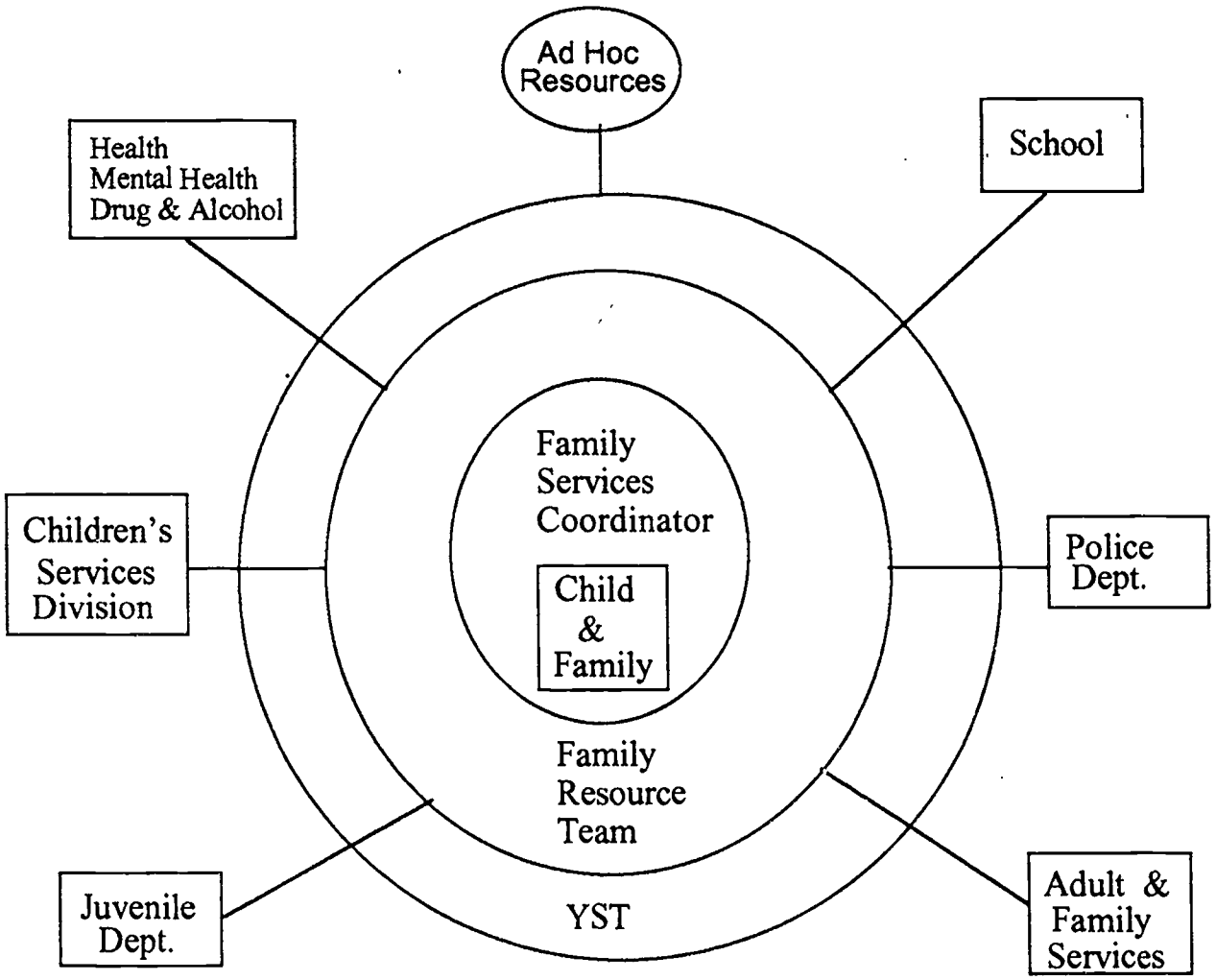
The role of the Family Services Coordinator is to work closely with the family, the Family Resource Team, and the Youth Services Team to ensure that the Youth Services Team Plan is implemented, monitored and revised based on the family's changing needs. The role of the Coordinator is fully described in the "Family Services Coordination" in the following model.

FAMILY SERVICE COORDINATION MODEL

The Family Service Coordination model is utilized when the Family Services Coordinator (FSC) is assigned as the Family Resource Team Leader on the YST plans. (see YST flowchart, option C). This option is only available to families who have a child in the EBD target identified population and for whom Option B is unavailable.

The following diagram represents the "Tri-level model of Family Service Coordination".

FIGURE 7



The guiding principles for Family Service Coordination are:

1. The family is a critical co-partner in goal setting and implementing services.
2. The child and family are viewed within the context of the systems with which they interact.
3. Family service coordination is guided by a mission to empower and "do with" rather than "do for or to" families.
4. Family service coordination is not the role of a specific agency but is jointly determined on an individual basis by those involved in the planning.
5. Each participating agency recognizes that whoever is designated as Family Services Coordinator has the authority to act on behalf of the family to obtain necessary services.
6. Family service coordination activities should serve to coordinate service delivery and ensure that plans are implemented, monitored and revised based on changes in family needs.

The Family Services Coordinator engages in a set of logical steps and a process of intervention within the family and service network to ensure that families receive needed services in a supportive, effective, efficient and cost-effective manner. There are five main activities of the FSC:

Assessment: Following the initial YST assessment, the FSC provides systematic and ongoing collection of data to determine the current status of the family and identify their needs in health, social service, educational, mental health, vocational, recreational and emotional support.

Case Planning: Following the development of the YST Family Service Plan, the FSC works with the entire family to identify additional needs and determine the resources available to meet those needs in a coordinated, integrated fashion.

Implementation: The FSC maintains weekly contact with the family to ensure that services are meeting the needs. Implementation includes making referrals or providing information to assist the family in self-referral, maintaining contact with resources involved to ensure coordinated service delivery, sharing information and assisting with any coordination problem that may arise.

Support: Support services are provided to assist the family in achieving the goals of the plan, particularly when resources are inadequate or the service delivery system is unresponsive. The FSC will serve as a family advocate and intervene with agencies to help the family receive appropriate benefits and services.

Accountability: Accountability consists of a set of activities to ensure that the family has received services in an efficient and

effective manner, geared towards successful completion of the family service plan. The Coordinator achieves this by maintaining regular contact with the family, providing active outreach, coordinating meetings among family and team members, informing team members of any changes or progress in the plan, monitoring and revising the service plan based on the changing needs of the family and by documenting unmet needs and reporting these to the Board.

The goal of family service coordination within the YST is to ensure that the service plan is family-centered, coordinated, and implemented involving full participation of the child and family. The ultimate goal of family service coordination is family empowerment.

The Family Services Coordinator provides family service coordination intensively for approximately a three month period to support and empower families and to provide effective linkages with needed resources. Services provided by the coordinator will vary depending on the individual strengths, needs and goals of the child and family. A typical caseload of a full-time coordinator is 12-15 families in a given month. Usually, in the first month an assessment of the family is completed, family-centered goals are developed and added to the original YST plan, weekly home visits are made, as well as, ongoing phone calls to the family and service providers. Creative outreach is often used in accessing services, which may include private businesses, churches and natural supports.

By the second month, linkages should be made between the service providers and the family. Parents are typically interacting with school personnel more frequently and attending agency appointments. The FSC monitors the plan and changes the goals, if necessary, based on the changing needs of the family. Support and encouragement to the family is generally needed at this time as new behaviors are being tried out or interventions introduced. Often the coordinator will accompany the parent to meetings or court appearances and advocate when appropriate.

At the three month period home visits taper off and more communication is done by phone. More responsibility for follow-up is shifted to the family and other service providers are taking the lead in the plan. At the end of the three month period, the FSC presents an update to the Youth Service Team for a decision about whether to continue or identify another option for continued service coordination and follow-up as shown in Figure 6.

Below is data refecting the average monthly direct service contacts made by the Family Services Coordinators.

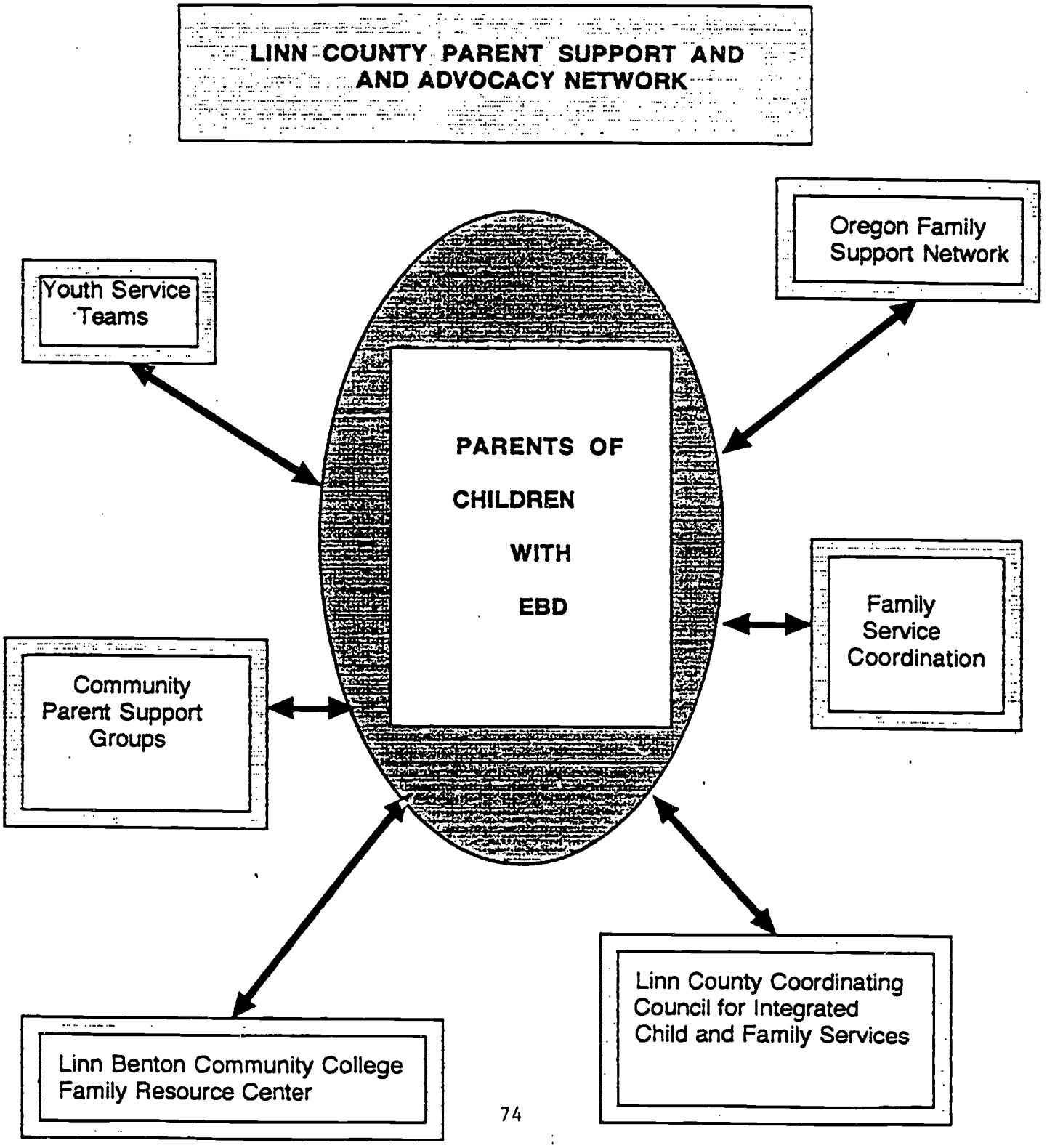
Family Services Coordinators (FSC) direct services
Average monthly data of contacts

	monthly for total project	monthly per FSC
active families served	40	13
Contacts:		
phone calls	140	47
face-to-face contacts (excluding home visits)	90	30
home visits	29	10
total contacts	259	87
Types of contacts:		
family contacts	114	36
agency contacts	145	51

Of the total agency contacts, 49% were to schools, 6% to Mental Health, 4% to Children Services Division (protective service), 4% to welfare agency, 3% to juvenile department, 1% to drug and alcohol agencies and .5% to law enforcement agencies.

PARENT SUPPORT AND ADVOCACY NETWORK

Figure 8



PARENT SUPPORT AND ADVOCACY NETWORK

A primary goal of the Service Integration Project was to actively pursue full parent participation in as many aspects of all grant activities as possible. Parents who have experience trying to negotiate the maze of agencies to access services for their children are the most qualified to provide support and advocacy for the needs of parents served by the YSTs. We began in the planning phase by recruiting parents of children with EBD to advise us regarding the needs of families in our community and about the gaps in our service delivery system. We received considerable advice and assistance from the Oregon Family Support Network whose director, Judy Rinkin, was an active participant on our Grant Task Force.

The presence of parent members on Advisory Boards, committees, and work groups such as the Grant Task Force was a new experience for many participating agency staff. Initially many professionals predicted a range of problems would occur as a result of parent involvement in YSTs. However, by the end of the grant project every parent involved in YST activities at all levels was considered a critical team member, and the search was on for more parents who might be willing to participate. Teams depended on their parent members to help them establish a supportive link with parents of children with EBD, and to help them be sensitive to parent strengths, ideas and needs. Parent Representatives on the YST Advisory Board have also been actively involved in presentations and training offered at both local and state workshops.

Two Parent Representatives attend quarterly Advisory Board meetings. They have been paid for their time and travel expenses. They routinely present an agenda item, "The Parents' Perspective," covering a range of topics critical to keeping Board members in touch with the issues confronting parents and families of children with emotional and behavioral problems. They participate in the discussion of all other agenda items and are full voting members. At this time, a decision has been made to expand the number of Parent Advisory Board members to include parents from each YST region.

The Parent Representatives participating as members of the regional YSTs were a tremendous source of information, support and advocacy for parents whose children were being referred. Family Service Coordinators worked closely with the Parent Representatives on their respective teams to offer a range of supportive interventions to the parents and families being served. Parent Representatives contacted parents prior to YST meetings to answer any questions they may have had, to make sure the professional referring them had adequately prepared them for the YST process, and to be certain they had transportation. If a parent was unable to attend the YST staffing, the Parent Representative would offer to present the

parents ideas and concerns for them, and to follow-up after the meeting and inform parents of the outcome of the meeting. Parents routinely commented that it was very reassuring to them to have a Parent Representative greet them before the meeting and to be present in the staffing with them. Parent Representatives also spent time with parents after the meeting to help clarify any questions the parent may have had and to offer emotional support. Feedback received by Parent Representatives from parents about their experience at YST meetings was then used to improve the YST process for others. In addition, Parent Representatives used this information at Youth Service Team trainings in their continual effort to help professionals become more sensitive to the needs of the families we serve.

In addition to YST members having the opportunity to receive training from Parent Representatives, or to present together with them at workshops, trainings were made available to parents on topics of interest to them. During the grant period Parent Representatives attended the two annual YST trainings for all YST members. They also participated in two valuable workshops given by Richard Hunter, MSW of Portland State University School of Social Work. The first, "Parents as Policy Makers", provided information about skills for powerful participation in advisory and planning groups. The second, offered for both parents and professionals conjointly, focused on establishing effective working partnerships between these two groups. Two state-wide trainings for parents were sponsored by the Oregon Family Support Network together with the ESD. Twenty-three scholarships were provided to parents for these trainings.

In addition to the services made available to parents of children with EBD from Parent Representatives and Family Service Coordinators, they also had access to an expanding network of parent support, advocacy and education groups in Linn County. Parent Representatives, Family Service Coordinators and agency professionals referred parents to these groups whenever possible. Key players offering parent groups during the grant project were:

*The Oregon Family Support Network (OFSN)
*Linn-Benton Community College (LBCC), Family Resource Center
*School Counselors
*Albany Free from Drug Abuse (AFDA)
*Linn County DHR Projects
*School district parent trainings and groups

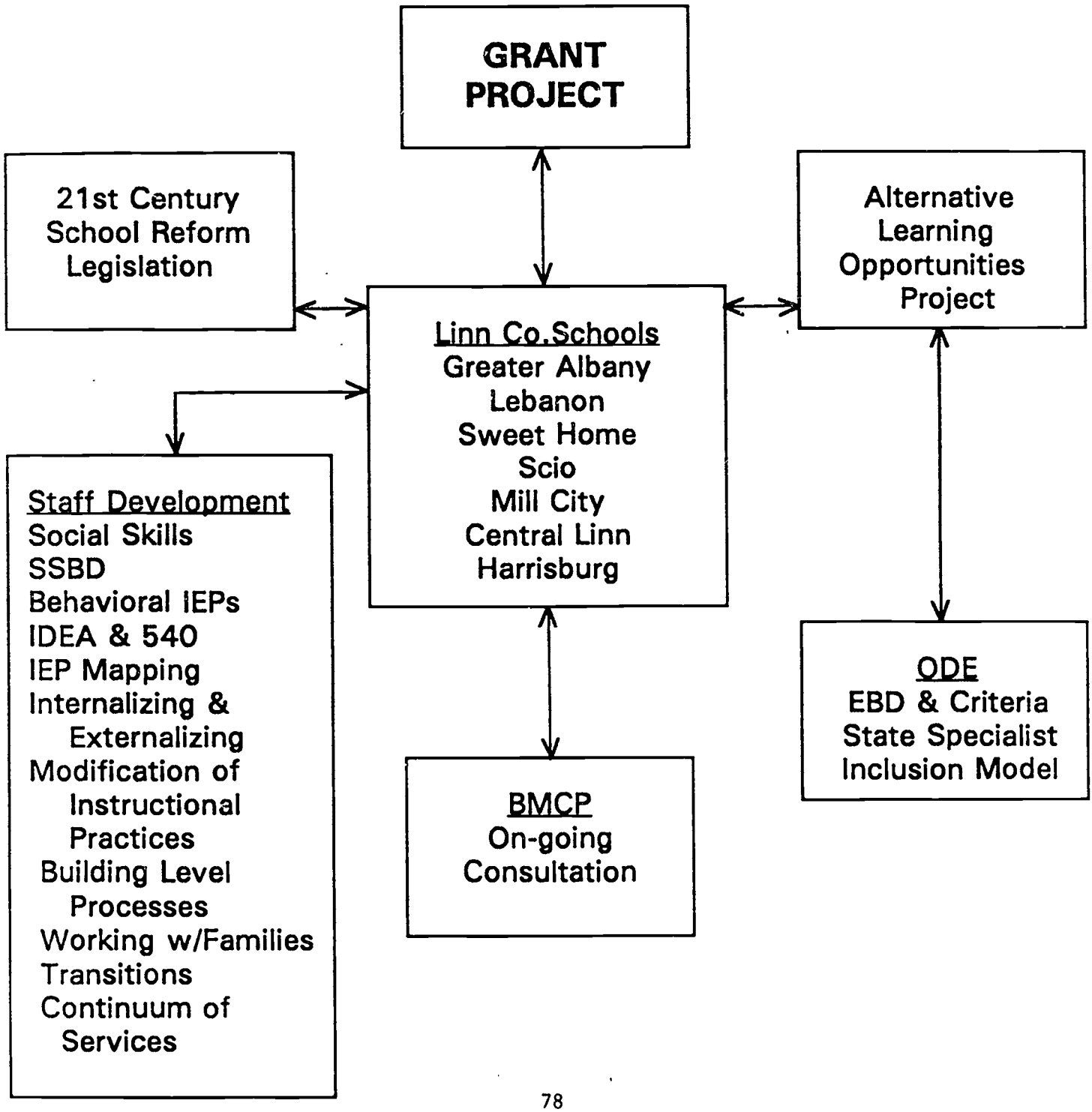
These groups are ongoing and always expanding their services to parents. As an example, OFSN has recently began holding sibling support groups for the brothers and sisters of children with EBD who are often exposed to considerable stress in their families. An additional new service extended by LBCC is a quarterly newsletter which keeps parents, schools and agencies informed of dates, times, locations and contact people for all parent groups

offered in Linn County.

In sum, the Parent Support and Advocacy component of the model has had and will continue to have a strong and lasting impact on the way services are delivered in our community. Agencies and schools are better informed of ways to effectively serve parents and families of children with EBD, and they have the ongoing consultation of a growing group of Parent Representatives available to them through the YST process. The network of parent support and education groups also continues to expand, with parents in the lead, empowered to advocate for the needs of their children and families.

FIGURE 9

SCHOOL IMPROVEMENT NETWORK FLOWCHART



SCHOOL IMPROVEMENT NETWORK

One of the original motivations for this project has been the improvement of services for students with SED/EBD in the public school system. To this end the project staff established the School Improvement Network. The model for this project includes the following components: (See School Improvement Network flowchart figure 9.)

- Linn County Public Schools
  - Greater Albany
  - Lebanon
  - Sweet Home
  - Scio
  - Mill City
  - Central Linn
  - Harrisburg
  - Crowfoot
- Alternative Learning Opportunities Project
- 21st Century School Reform
- Linn-Benton-Lincoln ESD Behavior Management Program
- Oregon Department of Education
- Staff Development

Below are descriptions of each component of the School Improvement Network.

Linn County School Districts

At the time the grant project began the goal was to work with the schools to improve the service delivery for students with SED. At the beginning of the project there were seven self-contained programs which operated with varying degrees of success. Identification of students with SED/EBD was consistent with state averages of around .5%. The assumption at the time was that there were resources being expended to serve this population and staff assigned to work with this population. All schools were reporting an increase in the number of students with behavior problems and intensity of the problems they were presenting. The idea was to work with the school districts and the existing resources and promote the most efficient and productive use and avoid overlapping with other resources.

One example of this was having schools make referrals to the YST's. There are five regional YST's in Linn County. It would be a misuse of the YST process if the school staff were referring students without prior intervention and documentation to bring to the YST. Our work, as explained elsewhere in this report, was in working with district staff to encourage them to do the pre-referral interventions necessary to assist the student. Our idea was that schools would be more willing to do this based on the incentive of having the project staff provide case management for appropriate referrals staffed at the YST.

Other ideas for improving service delivery was providing staff

development, support, recognition, and promoting best practice. With the linkage through the ESD Behavior Management Program and an organized staff development process, we set out to improve services in schools for students with SED/EBD. The primary assumption was that schools have these students and feel the frustration of trying to help them benefit from the educational process. School staff were also motivated by the increasing frustration of managing these students and the impact they were having on other students and staff.

It was also known and understood that with some educators there was considerable resistance to serving this population of students. As a result this population was under-identified and not well served. However, there are many schools who work very hard to work with SED/EBD students. With this in mind it was obvious that we needed to work with the existing resources and range of attitudes held by school staff.

Alternative Learning Opportunities Project

Subsequent to the beginning of this project the Linn-Benton-Lincoln Alternative Learning Opportunities Advisory Board was developed. This board came into existence for the purpose of developing educational options for "at-risk" youth. This included students with SED/EBD.

The membership of this board consists of:

- All school districts within the Linn, Benton and Lincoln Counties.
- The Community colleges.
- All Federal programs involved with Alternative Education programs.
- Area residential and day treatment programs.
- Western Oregon State College.

One of the motivations for formulation of this board was the announcement of state grants for regional alternative education programs. The board applied for and received a $400,000 grant to set up a three-county Alternative Learning Opportunities (ALO) system. One of the motivating factors for this project was a change in funding of student c t of education from local property taxes to state general funds. (See Section VII for details.) At the rate of around $4,000 per student school districts were much more motivated to have programs that served "at-risk" and SED/EBD students.

The project grant staff quickly realized that this change presented the most positive alternative for students with SED/EBD. The lack of viable students with options for these students within the regular education program undermined the entire process of serving students with SED/EBD. By developing viable alternatives learning

opportunities it was assumed that school district staff would be encouraged to better identify and serve this population. The Alternative Learning Opportunities Board and the grant became a vital link in the School Improvement Network.

21st Century School Improvement

At the same time this project was funded the Oregon legislature passed into law requirements to reform Oregon schools. The requirements in this legislation were sweeping and dramatic. There were many implications for schools and school staff.

There were also implications for students with SED/EBD. The two most important were the requirements for replacing the high school diploma with a Certificate of Initial Mastery (CIM) and a Certificate of Advanced Mastery (CAM). Both the CIM and CAM have specific criteria to pass that present challenges to students with SED/EBD.

The second critical component of the school reform was a requirement that schools provide alternative learning opportunities for students unable to meet the CIM and CAM requirements. This requirement added additional incentive to the Alternative Learning Opportunities (ALO) Project. This legislation would force the school districts to more effectively serve the "at-risk" and SED/EBD population. In addition, districts are required to report to the ODE, in writing, what their plans were. The ALO project staff quickly moved to work with districts to show how the ALO project would assist them in meeting this requirement.

There are other implications and requirements of the school reform legislation that had impact on this project. For example, the school reform required site based management for schools. One of the implications from this was an increased focus on school-wide student management process as a focus point for the site teams. This was one area of staff development outlined below. There are other implications of the school reform which are further explained in Section VII.

Staff Development

One of the early goals for the success of this project was school staff development. Project staff identified areas that schools could improve upon. Some of these areas had implications for providing direct services to students and others were more indirect as in school-wide student management policies. Selected areas for staff development included:

- Social skill training
- Systematic Screening for Behavior Disorders (SSBD)
- Behavioral IEP writing
- IDEA & Section 504

- IEP mapping
- Internalizing and externalizing behavior
- Modification of instruction
- Building level processes
- Working with families
- Transition planning
- Continuum of services

These selected topics represented best practice in serving students with SED/EBD. It was determined early on that some of these topics could be addressed by project staff and some would require outside expertise. It was also determined that as much as possible we wanted to include district staff in determining the sequence of training and have them share in the cost. In addition, we determined that some of the trainings were going to be outreach and on-going. Others would be single presentations.

In total these topics reflected an ambitious agenda for school staff. It was believed, however, that as we proceeded with this staff development we would contribute to an overall positive atmosphere of believing that it was possible to effectively serve the SED/EBD population.

Oregon Department of Education (ODE)

In developing the grant application for the project it was very clear that there was a vital role for the ODE in promoting our project goals. The first of these was in addressing the reference in the criteria for SED to "socially maladjusted". The phrasing of this language is often interpreted as a way to deny identification of students. School staff often read the wording in a manner that suggested that students with "social maladjusted" behavior were not eligible. This was also extended to students with conduct disorders, delinquency or even students who were "making choices". The goal then was to work with ODE to have this language changed or at least clarified.

A second area for the ODE was in the very label of SED. There is a national movement to change SED to something more descriptive and less clinical. The suggested change is Emotional or Behavioral Disability (EBD). Our goal was then to work with the ODE and have them change the label. We wanted them to join the national movement and support the removal of the SED label and criteria.

One other very vital goal was to have the ODE restore a department specialist for students with SED/EBD. There had previously been a person in this position but they had transferred within the ODE. Due to budget concerns the ODE had not filled the position. This left us without a critical role being filled. We believed that in order to bring about best practice in serving students with SED/EBD it would be necessary to have someone with the ODE who would advocate for this population. We also believed that it was a poor

reflection to not have someone in this position.

There was one other area of interest we had for the ODE. The Special Education Department of the ODE had adopted the inclusion model for serving students with the full range of disabilities. This included students with SED/EBD. Essentially this model translates into serving students in the least restrictive environment, primarily the regular classroom. While supporting this model the project staff were concerned that there needed to be training made available to staff so they would know how to include students with behavior problems in the regular classroom setting. Our goal then was to promote proactive student management practices as best practice for students with SED/EBD.

Behavior Management Consultation Program (BMCP)

One of the critical elements of the School Improvement Network is the staff of the BMCP. Without these staff it would be impossible to provide the cohesion necessary to make school improvement possible. The BMCP staff have long standing relationships with district personnel and it is these relationships that have proven the most important in bringing about change with school staff.

The BMCP has been successfully operating for 15 years. The duties of these coordinators include referrals for students with SED/EBD, working with parents, developing building level processes, and promoting and developing inter-agency collaboration. Specific activities in regard to this project include:

- Participating in staff development training
- Dissemination of materials developed
- Implementing new innovations
- Providing technical assistance
- Participating in YST's
- Providing linkages to community resources
- Support to district staff
- Participating in grant evaluation processes
- Participating in grant development activities including the grant advisory board

In addition, the BMCP staff serve as a sounding board for grant activities and provide accurate information to district staff regarding grant activities. They also work directly with the Family Services Coordinators and provide them with information regarding the operation and political functioning of the schools. The BMCP staff also serve as a support group and think-tank for project activities.

Conclusion

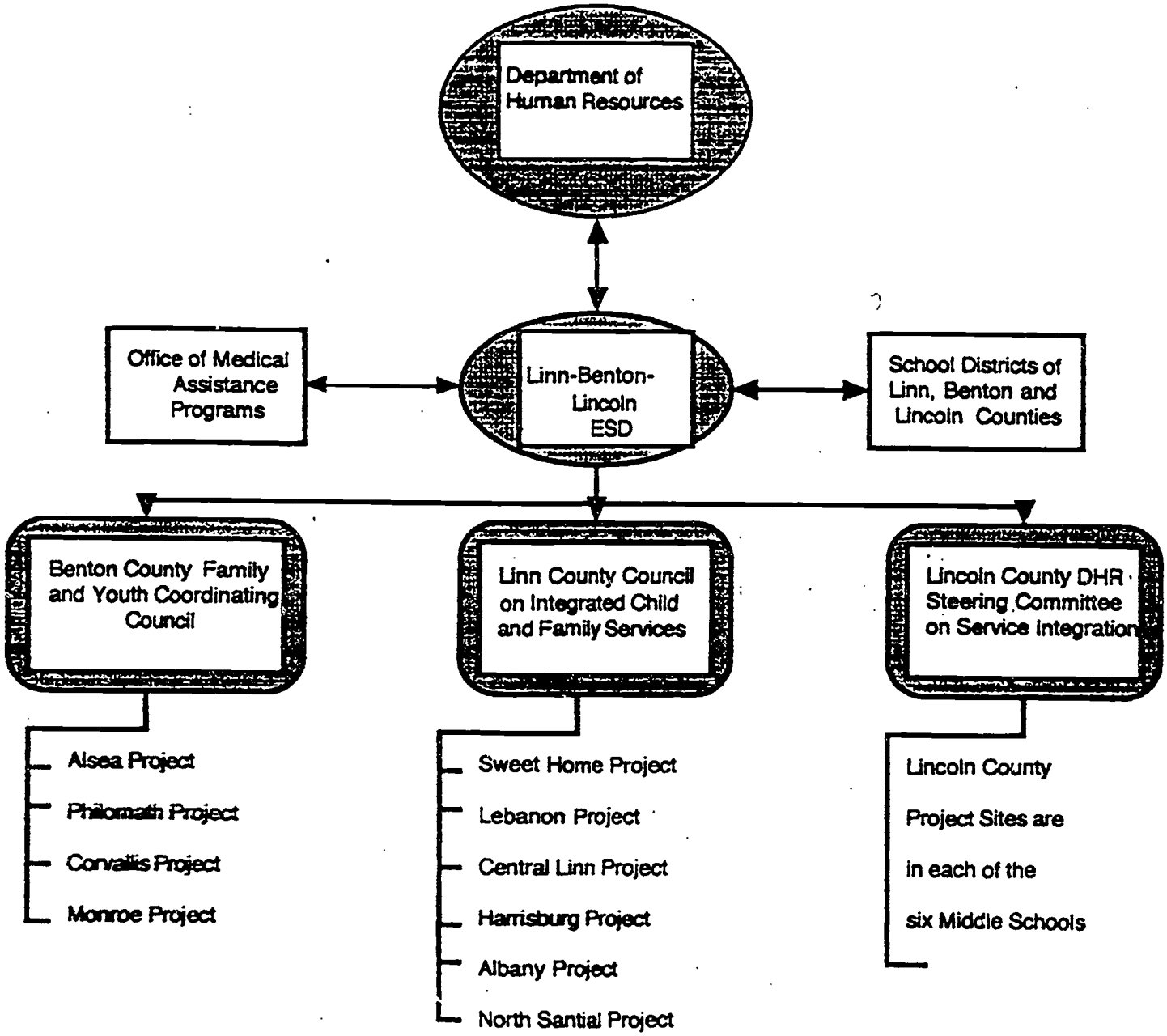
The collective whole of the School Improvement Network is greater than the sum of its parts. While there are several parts to the

Network, none is more important than the others. Each contributes to the effort in its own unique way. In addition, no one component by itself can make school improvement happen.

For the purposes of this grant we selected these areas because they were within our domain to impact and we had the resources to attempt to address them. Given unlimited resources there would have been additional components and we would have attempted to do the existing processes in a different manner. However, given the resources and tools available these were the approaches the project staff selected to attempt to improve the educational processes impacting school services for students with SED/EBD.

FIGURE 10

SERVICE INTEGRATION PROJECT MODEL



PROCESS FOR REGIONAL PROJECTS

1. Community Planning to Develop Service Integration Plan
2. Implementation of Service Integration Plan
3. Evaluation of Service Integration Project on Bi-annual Basis

   A. Project Status Report
   B. Project Process Evaluation
   C. Project Data Analysis to Show Progress
   D. Analysis of Consumer Satisfaction Surveys

INTEGRATION OF HEALTH AND SOCIAL SERVICES AT SCHOOLS

Project Overview:

As a result of a proposal written to the State, Linn, Benton and Lincoln counties were selected by the Department of Human Resources as a pilot site to integrate services. The purpose of this 3-county project was to increase child and family access to health and social services by integrating these services at or near school sites. This project accessed federal Title XIX funds to reimburse local school districts for the health-related activities already being provided. Interagency county-wide steering committees made a determination as to how the money would be allocated. As a result of decisions made by the county steering committees, eleven regional service integration projects were implemented across Linn, Benton and Lincoln Counties. Each of the components of this model are described below. Figure 10 provides a schematic of this project.

Interagency Agreement between OMAP and the ESD:

An interagency agreement was entered between the Department of Human Resources, Office of Medical Assistance Programs (OMAP) and the Linn-Benton ESD on July 1, 1993. This agreement between the two parties was intended to improve health services access and availability for Medicaid-eligible children and families residing in the geographic areas of Linn, Benton and Lincoln counties by utilizing the staff and resources of the school districts in these counties to provide outreach, health care coordination, and other Medicaid-related administrative activities that support the administration of the Title XIX Medicaid State Plan. This original agreement was to cover a 2-year period.

Under this agreement, the ESD and through sub-agreements with individual school districts agreed to provide Title XIX administrative activities including outreach, coordination, case planing, assessment and assistance with eligibility process for children and families. The ESD also agreed to the following:

1) Maintain a list of each individual and the position identified as performing activities under the agreement, the percent of time allocated to each individual for these activities, and the salary and other personnel expenses for each individual;

2) Make available the records that support the quarterly claims, including the position detail and cost information;

3) Reimburse OMAP for the state match portion of costs attributable to the performance of the activities covered by the agreement;

4) Obtain OMAP approval of any sub-agreements negotiated with individual school districts for the purpose of carrying out this agreement;

5) Monitor sub-agreements as necessary to assure the activities and costs being claimed are reasonable and related to the purpose of this agreement;

6) Be financially responsible for the final amount of any federal disallowance as a result of unsupportable claims under this agreement;

7) Claim no more than 5% of each district's total salary and benefits as indirect cost and no more than 10% of each district's total salary and benefits as the ESD's indirect cost ; and

8) Assure that Medicaid eligible children and families receiving assistance are free to accept or reject Medicaid services and/or to receive such services from an enrolled provider of their choice.

Under this agreement, OMAP agreed to do the following:

1) Assist the ESD in the review and approval of sub-agreements with the school districts to carry out this agreement;

2) Provide technical assistance in the identification or allowable activities under this agreement

3) Provide access to eligibility data for recipients residing in the area in order to enable the ESD and the school districts to conduct Medicaid outreach and coordination of health care activities; and,

4) Assist the ESD in resolving any federal compliance or fiscal issues.

Also under this agreement was a limit as to how much Medicaid reimbursement could be claimed. The maximum total compensation for the 2-year contract was set at $5,400,000. A quarterly cap was set at $670,000.

Subcontracts between the ESD and the 28 school districts:

The ESD and each of the 28 school districts signed off on subcontracts which clarified responsibilities of each party. Essentially, the districts agreed to provide the necessary information to the ESD so that a claim could be developed and the ESD agreed to develop and submit the quarterly claims to OMAP. The districts also agreed that the Medicaid reimbursement would be paid

to the county-wide steering committee on service integration, rather than back to the school districts. A decision was made by the ESD not to put in a clause about the districts being responsible for any federal disallowances because there was concern that districts would not agree to this.

The Claiming Process:

The first step in the claiming process was to develop a list of allowable activities. A meeting was held with a cross section of school staff and a representative from OMAP to identify a list of potentially allowable activities that school staff provide. The purpose of this list was to use it in developing a survey school staff could use to estimate percentages of time they spent engaging in health-related activities which are claimable under Title XIX. In developing the survey, it was important to change the Medicaid language into language that could be easily understood by school staff.

The Survey to Determine Health-Related Activities was developed, approved by OMAP and was reviewed with a representative from the regional Health Care Financing Agency. The health-related activities were divided into two types: Category A and Category B. Category A activities included those activities which require the Medicaid-eligible percentage be used in calculating allowable activities for Title XIX. Category B activities are those that are specific Medicaid outreach activities and don't require the Medicaid-eligible percentage to be used.

Each of the 28 school districts were asked to send a representative to a training on how to conduct the surveys in their districts. The larger districts were asked to sample staff in their central office and to conduct surveys in one elementary, one middle and one high school. Each district was asked to identify which school staff shoud be surveyed based on who provided claimable activities. Surveys were completed in all districts.

OMAP and ESD analyzed the survey results and submitted the first claim in September of 1993 for $622,000. The ESD wrote a "Summary of Findings" report outlining the exact claiming process, formulas used, etc. and this was forwarded to the regional Health Care Financing Agency for review and approval. This 15-page report is available upon request.

Development of county and regional plans tc integrate services:

A steering committee on service integration was set up in each of the three counties. Members on each committee included parent representatives, the school superintendents and the agency directors from the following: Juvenile Department, Mental Health, Health Department, Children's Services Division, Adult and Family Services, the Commission on Children and Families, the ESD, and

representatives from county non-profit organizations. The purpose of these steering committees was to develop a county plan to integrate health and social services at school sites. The steering committees determined how their county share of the Medicaid monies would be utilized. These committees determined where the regional sites for service integration would be located and how the money would be allocated to those regional sites. Six sites were identified in Linn county, four in Benton county and Lincoln county decided to locate projects in each of their six middle schools. Once the regions were selected, each region was required to submit their plan for integration. These plans were reviewed and subsequently approved by the steering committees.

Each regional plan included the selection of school sites, who would be served, what combination of services would be offered and who would be responsible for service delivery components. The plans also included a determination of the staffing, funding and training needs and development of strategies for meeting those needs through staffing reconfiguration and the blending of financial and human resources. Each plan also had to address how their project would be evaluated and the identification of short-term indicators to measure progress toward the Oregon Benchmark of "Increasing Access to Health Care".

Implementation of Regional Service Integration Projects

Start-up dates for the regional projects varied greatly, with the first ones being implemented in September of 1993 and the last one being implemented in April of 1994. A summary of the implementation of the 11 projects was completed in December of 1994 and includes the following:

CURRENT STATUS: **LINN COUNTY PROJECTS**

Albany: The school district hired a nurse, 2 family advocates and a Project Coordinator as part of their FACT Program (Families and Agencies Coming Together). Service coordination is provided at 3 elementary schools, one middle school and one high school. FACT has served over 800 students and families since July of 1994. A variety of projects have been implemented to integrate health and social services: a Health Fair was held during registration which provided immunizations and health screenings and where 20 agencies set up informational booths; a class for teen parents is held using the Choices curriculum, parent education classes are in progress at two schools; a "Welcome Wagon" is available at two schools to provide school and community resource information to families new to the schools; and a computerized information and referral database is being utilized to share county-wide.

Lebanon: The Lebanon Area Integrated Services (LAIS) Project hired a Project Coordinator through the district to provide direct services to families and to oversee activities related to

increasing health access. LAIS contracts with Linn County for mental health services at the schools one day per week and has expanded services of the Mobile Rural Health Van. LAIS has offered a variety of parent education classes, started a Parent Relief Nursery Program, provides transportation of family members to health care providers and is starting a Teen Parent Program which includes child care.

Sweet Home: With the assistance of a Family Service Coordinator hired by the district, this project encompasses four components: dental; high school parent education; family support and contracted services. As a result, the following have been implemented: a King Fluoride Program and dental education program; a Power Parenting class for pregnant and parenting teens, on-going support of families in linking up with resources; in-home direct services to families; a summer activity program for parents and kids; stress management workshops for families; and a respite care program for children with special needs and their siblings.

Central Linn: The Central Linn Cares integration project is supported by a community health nurse and project coordinator. In addition to providing direct health and social services to children and families, this project has provided transportation to health care providers, initiated a "Welcome Baby Project with area hospitals, set up a resource center at the middle and high schools and put together resource packets for new families enrolling in schools.

Harrisburg: The Harrisburg Family Resource Center provides the hub of activities for this service integration project. Equipped with nautilus equipment, the center provides recreational and family-oriented community events. In addition to assisting families connect with needed resources, this project started a preschool and after-school program, are offering a variety of classes related to wellness issues, began a mentoring program and initiated a surrogate families program linking families in crisis with other families willing to offer support as an extended family.

Northern Santiam: This project contracts services of a Health Educator and Mental Health Specialist from Linn County Department of Health Services. The goal is to develop and implement a Community-wide prevention plan and to provide health and social services to children and families in the region. The Lyons-Mehama Preschool was established and health and social services are wrapped around the preschool and made available to parents and children. Services of the Linn County Rural Health Van have been expanded and offers WIC, well child exams, immunizations, family planning, prenatal, primary care and health education and mental health services.

CURRENT STATUS: **BENTON COUNTY PROJECTS**

Philomath: Through a contract with Benton County Health Department, this project is utilizing a registered nurse and a nurse practitioner at the school sites to provide health services to students and their families in the district. Services offered include on-going student services for illness and injury, referral to physicians and other agencies, coordination and monitoring of students on medication, sports physicals, staff evaluations and blood pressure checks, well-child evaluations and response to medical questions and concerns from parents and staff, health education classes on blood borne pathogen and anaphylaxis and epipentraining for staff, screening for hearing, vision, scoliosis and immunizations for staff, students and families in the community. Piloting a Hepatitis B vaccination program for all 4th grade students was implemented with a 82% participation rate.

Alsea: Staffed by a Family Service Coordinator, the Alsea Project has focused on expanded health care and increasing social service access for the families in this rural community. This project has facilitated access to adult education programs, job search assistance, early intervention programs for children, mental health programs, disabilities services, senior services, transportation to appointments, help in accessing medical coverage, and programs for housing, food, clothing, and energy assistance.

Monroe: Through contracted nurse and nurse practitioner services from Benton County Health Department, the Monroe School-Based Clinic has been providing health services to students and their families for over nine months. Sports physicals, well-child exams, immunizations for staff and students, health screenings, student services for illness and injury, and referral services are available at the clinic. The Hepatitis B vaccination program for 4th grade students was implemented with a 95% participation rate. Training for staff was provided on how to use epinephrine in anaphalactic emergencies from beestings.

Corvallis: With a full time Family Service Coordinator, a Community Center at Garfield school provides a variety of services to children and families. Children's Services, Adult and Family Services and the police participate in the center services and modem access to the Employment Division is available so community members can complete job searches. This project has expanded into a number of areas this past year. A Community Outreach program has been developed where student at Garfield help seniors in the area. Ongoing classes and videos are available for parents and others on a variety of topics. Family Health Nights occur each month which provide a variety of health services to families. A weekly Child Care Coop has been initiated using the community center for child care with parents volunteering in the center.

CURRENT STATUS: **LINCOLN COUNTY PROJECTS**

This project focuses on increasing health care access and building resilient children in all six middle schools. Staffed by a project coordinator, 6 family advocates and contracted mental health, nurse and nurse practitioner services, this project has implemented numerous programs to reach their goal. Such programs and activities include the following: 13 summer youth programs funded; 12 Building Resiliency Groups for traumatized youth by gender in all 6 schools; development of a Wellness Curriculum and implementation of this in all buildings; Family Needs Assessments completed during school registration in all buildings with follow-up contacts to all families wanting services or information; increased parent activities to include Parent Breakfasts and Family Fun Nights, set up two after hour health clinics; held a grief/loss community forum; provided 2 five-week "Preparing for Positive Parenting" education classes and participated in Hepatitis clinics for high school youth. Family support and child and family contacts to connect them with needed resources is also an ongoing component of this project.

Evaluation of Regional Service Integration Projects:

The state's Department of Human Resources required six month evaluations of these service integration projects. Each evaluation cycle included a project update, data collection and analysis of the projects progress toward meeting the short-term objectives to "Increasing Access to Health Care", a process evaluation and data and analysis of consumer satisfaction surveys. The process evaluation discuss accomplishments, progress towards objectives, special challenges, critical factors behind success and assessment of project success with individuals and families served. In addition, a two-hour phone interview is conducted on a biannual basis with the Project Coordinator by staff of the Department of Human Resources. The results of these project evaluations are available upon request.

Federal Audit of Medicaid Claims:

An audit by a representative of the Region X Office of the Health Care Financing Agency was conducted at the ESD in December of 1994. While there were no federal disallowances, the auditor made recommendations for changing the survey utilized to develop the claims. A new survey is currently being developed and will be utilized beginning in Septermber of 1995.

Continuation of the Service Integration Projects:

The state has agreed to enter into another two year contract with the Linn-Benton-Lincoln ESD Medicaid funds to support the 11 service integration projects across the three-county area.

SECTION VII. METHODOLOGICAL/LOGISTICAL PROBLEMS

GOAL 1

In Objective 3, our project initially planned to use the "Self Assessment Diagnostic Tool on Integration", a tool which was develop by Northwest Regional Education Laboratory to determine current level of service integration. As a result of our project becoming a focus demonstration site for the State's Department of Human Resources, a change in our evaluation procedures resulted. As part of the state requirements, our service integration efforts are now evaluated by utilizing a combination of instruments including a client satisfaction questionnaire, progress towards the Oregon Benchmark of increasing family access to health and social services and other comparison data. Results of these evaluations are included in Section VIII.

In Objective 2, our project initially planned to complete Service Fit Interviews with all 100 families served by the Family Service Coordinators. As a result of increased case management services made available to the YSTs from our projects successful efforts to create system changes and enhance services, 100 families were not served by the Family Service Coordinators. They have been successful in expanding community services by others so the others picked up the case management function to serve many families. This freed up the coordinators to spend extra time continuing to work on system improvements and on program evaluation. Susan Sanchez, from the Office of Innovation and Development was advised on this project change.

GOAL 2

In Objective 2, it was not necessary for our staff to take on a leadership role in the development and coordination of a parent support group network in the county. The Oregon Family Support Network and Linn Benton Community College Family Resource Center had made significant headway in establishing parent support and education groups around Linn county, as well as in organizing training for group leaders. We were able to support and collaborat with them in their efforts, and made many referrals to appropriate groups.

In addition, our project initially planned to expand parent support groups to include parents of children in residential care. We discovered that this was not a very realistic goal for most parents whose children are in out of home care, given the amount of time they already need to commit to participation in their child's treatment program. However, we did begin to establish a link between Youth Service Teams, the major local

residential treatment facility, and the state training school for the purpose of using the YST as a vehicle for successfully transitioning children back into the community with a comprehensive plan for utilizing local resources.

GOAL 3

In Objective 3, D, the Advisory Board members did pursue the transfer of additional dollars intended for out-of-home care for children to community family support strategies with the Department of Human Resources. Additional transfer of these dollars was not approved through the legislative process. However, state monies are being allocated to local Commissions for Children and Families to meet local needs. A Commission member continues to serve on our Advisory Board and the Project Coordinator often makes presentations at Commission meetings to provide input on community needs.

Objective 4, A. The Project Coordinator and the Coordinator of the Behavior Management program did look in to Medicaid reimbursement for services provided by the coordinators at the ESD. Family Services Coordinators were being paid by federal grant funds and were unable to bill for federal Medicaid services. Also, the Behavior Management Coordinators could not pursue Medicaid reimbursement because the ESD was already billing for these services through the Service Integration Project activities.

GOAL 4

During the time the grant was being approved for this project there were several developments which occurred that had a major impact on the grant implementation for school improvement. They are outlined here and the impact on grant goals are spelled out.

The ODE passed school consolidation legislation the year before we applied for this grant. Since that time, the largest consolidation in the state has taken place in Linn County with the Lebanon School District. The net effect is that we have gone from 17 school districts in Linn County to 7. The process of making this change has been a tremendous source of stress and concern to the effected school district staff. This legislation to consolidate schools was not popular with educators.

The State of Oregon has been, at the same time, in the process of a property tax reduction measure. The impact to the schools has been a loss of revenue and a corresponding loss of school staff. In addition, the property tax reduction measure called for a change of the major source of funding of schools to come from the State of Oregon's general revenue funds. Understandably

this has been disruptive to the state funding process and to schools.

Prior to these changes on the political level, school districts had a general low level of responsiveness to the identification and provision of services for students with SED. The processes described above have served to make this situation worse. In addition, there are other processes in place such as school reform and the ODE Inclusion Model which are bringing major changes in public education. These changes command the time, energy, and resources of schools' staff.

One example of the impact and change has been the reduction in the number of self-contained classrooms in the county. In the name of budget reductions and implementation of the inclusion model, one district eliminated three self-contained programs entirely. The net effect in this district was a district-wide loss of incentives for identification of students with SED/EBD. One of the primary motivations for identification for some district staff was the potential removal of SED/EBD students. Many district staff believed that when they identify students as SED/EBD they could not discipline them or remove them from school. The loss of the self-contained classrooms only served to make this problem more severe.

Another logistical problem occurred with the school reform legislation. More specifically, the legislation called for schools to develop site-based management. One of the side effects of this process has been the loss of school district guidelines providing compelling mandates regarding some special education practices. This is especially so with student's with SED/EBD. Building level staff began, for example, to place SED/EBD eligible students on partial school days. The benefit to the schools was that they were removing behavior problem students at the expense of the educational rights of these students.

One of the implications of the state-wide changes with school reform, site-based management, and the inclusion model was the school staff were feeling overwhelmed with the changes that were taking place around them. They were being required to participate in more team meetings and include more special needs students in the classroom.

In addition, there was a statewide initiative passed which reduced the benefits of the retirement system of teachers. Educators across the board were feeling frustrated, angry, and mistreated. The public education system became more and more reactive and defensive. School support staff were eliminated and this included counselors and special education staff.

With this framework and setting in mind we began the implementation of the grant and the School Improvement Network. The underlying assumption of the grant goals is a proactive and preventive educational system. With the political and economic system in disarray we were at cross purposes. As a result the following changes were made in the School Improvement Network and Goal #4.

Objective 1

A. SSBD Screening
While there was good attendance at the SSBD training there was not much motivation for districts to engage in an early screening process. It was decided to back off the promotion of screening for all schools and to work with those schools who were in attendence at the training and motivated to implement the process.

C. Behavioral IEPs
Extensive training was provided to district staff and was well received. What became a familiar theme was the reluctance for district staff to identify. They were losing resources and staff believed that they had fewer options with students when they were identified as EBD/SED. So we were able to improve the quality of the IEPs of those students who were identified but the district staff were increasingly reluctant to identify.

Objective 3

A. Reintegration Practices
As indicated earlier, the number of self-contained classrooms were decreasing and there was less of a need to promote best practice with reintegration practices from self-contained classrooms. We were, however, successful with getting the largest district to establish new entrance and exit criteria and a process for managing students in self contained rooms.

F. Inter-district Sharing

G. Recognition and Support of Staff
Both of these tasks (F & G) became unworkable in the atmosphere that was created in the above description and were dropped. School staff had less energy and fewer resources, and were unavailable for activities outside the immediate problems they were faced with.

GOAL 5

Objective 2 originally involved billing Medicaid for the services for FSCs. Reimbursement was not possible because this would create a double billing to access federal monies. The Objective

was changed to direct activities towards other funding resources. Changes are explained in the objective narrative.

Objective 4 activities would ensured that all children who were identified SED would be referred to the YSTs. It soon became apparent that this would cause the teams to fall behind in staffing students who had more critical issues. After consideration by the Grant Task Force, it was decided that this activity would not be continued. Mainstreaming to regular classrooms was also discontinued due to the discontinuation of many of the SED classrooms. This is directly connected to the reduced funding of schools in Oregon.

GOAL 6

Objective 3, A. The families were more in need of services due to mental illness, mental retardation, alcohol and drug involvement, and violence in the family. In many families more family members beyond the referred student were in need of services. These additional family members increased the time needed to serve the family. These services often included working with issues beyond connecting families and services. Examples included providing support to families who were involved in the court system and other more intensive involvement.

Objective 3,B.In many cases, the follow-up time fell during the summer months. As this project followed the school year, it was not possible to contact these families.

The intensity of the needs of families was also a factor in adjusting the follow-up time. Many families were rereferred the next school year to FSCs for more intervention. Follow-up could not be completed until the February, 1995, termination time.

SECTION VIII RESEARCH AND EVALUATION FINDINGS

The Linn County Project used a multi-faceted approach to evaluating child and family outcomes, YST effectiveness, client satisfaction of family service coordination services, school based services and system change. The following categories list the specific instruments used to evaluate outcomes. All instruments can be found in the Appendix.

Child and Family Outcomes
Student /family profile (data collected at intake and termination)
shown in Tables 1 - 10 and Tables 16 - 22 (Appendix III)

Service Fit Interview (used by project families and control group)
shown in Table 11 - 15 (Appendix IV & IVa)

Perception of Child Progress by parent/school/agency
shown in Table 23 - 24 (Appendix V)

Self Assessment by Student
shown in Table 25 (Appendix VI)

Youth Satisfaction Questionnaire
shown in Table 26 (Appendix VII)

Family Viewpoint Scale (pre and post empowerment survey)
shown in Table 27 - 29 (Appendix VIII)

Evaluation of the Youth Services Team
Consumer Survey (Appendix IX)

Family Service Coordination
Parent Questionnaire
shown in Table 30 (Appendix X)

Family Resource Team Survey (Appendix XI)

School Based Evaluations
Behavior Management Consultation Program Evaluation (Appendix XII)

System Change
Indicators of System Change Survey (Appendix XIII)

Usable information was collected at intake (assignment to Family Service Coordinator) on 83 families served by the project, and included data on child and family demographics, child and family risk factors, child educational placement information, and child diagnostic information. (appendix III) Both family members and the Family Services Coordinator provided intake information. The majority of family members responding to the intake interviews were natural mothers (71.1%).

Information on Sample Children

Gender, Race, Age, Grade and Living Situation

Information was collected on 83 children. Demographic characteristics are summarized in Table 1. Fifty eight (69.9%) were male and twenty five (31.1%) were female. Seventy three (88.0%) of the children were identified by their parent as being white, five (6.0%) as Hispanic, one (1.2%) as Asian or Pacific Islander, and two (2.5%) as American Indian or Alaskan Native. Racial identity for two children was not provided.

The average age of the children being served was nearly twelve years (Mean: 11.963; Mode: 12; Median: 12), and ranged from five years of age to nineteen. The average child was in the sixth grade (Mode: 7th grade; Median: 7th grade), with a range from one child in kindergarten to one child in twelfth grade. Grade data on six children was not available.

The vast majority of the children (91.6%) were living with their legal parent(s). Three children were living with other relatives, one was living in residential care, and three were in other living situations (including one child in independent living).

School Placement Information at Intake

At the time of intake, children in this sample were in a variety of educational settings (summarized in Table 2). Twenty two children (26.5%) had been identified as seriously emotionally disturbed, nineteen children (22.9%) were identified as having a learning disability, and seven (8.4%) were in the evaluation process. Five children were identified as "other", and thirty children (36.1%) had no special education identification. All children met the EBD definition.

The majority of children (n = 55, 66.3%) were in a full day school program. Fourteen children (16.9%) were on a reduced day program, and five children (6.0%) were receiving tutoring only. One child was in home school, and eight children (9.6%) were not in school at the time of intake.

Of those children in school, thirty four (41%) were reported to be in a regular classroom and twenty five children (25.3%) were in a combined regular and special education program. Eight children (9.6%) were primarily in a SED program and seven children (8.4%) were placed in a resource room. Five children (6.0%) were in an alternative education program, and eight children were not in school.

Table 1. Basic Demographics of Sample Children (N = 83)

	N	Percentage of Total
SEX		
Male	58	71.6
Female	25	31.1
Total	*83*	*100.0*
RACE		
White	73	88.0
Hispanic	5	6.2
Asian/Pacific Islander	1	1.2
American Indian or Alaska Native	2	2.4
Not Provided	2	2.4
Total	*83*	*100.0*
AGE		
5 - 9 years	18	21.6
10 - 14 years	47	56.6
15 - 19 years	16	18.2
Missing	2	2.4
Total	*83*	*100.0*
LIVING SITUATION		
With Parent(s)	76	91.6
Other Relatives	3	3.6
Residential Treatment	1	1.2
Other	3	3.6
Total	*83*	*100.0*

Risk Status at Intake

Family Service Coordinators were asked to indicate presenting student risk factors at intake. These are summarized in Table 3. The most prevalent risk factor was that of out-of-control behavior (68.7%), followed by academic problems (59%). Other major risk factors included school suspension (30.1%), truancy (28.9%) and law violation (27.7%). Other presenting risk factors included drug and alcohol use (13.3%), a history of being sexually abused (15.7%), a history of being physically abused (9.6%), previous psychiatric hospitalization (6.0%), and attempted suicide (2.4%).

Four children (4.8%) had a history of at least one felony conviction. Eight students

Table 2. School Placement Information

	N	Percent of Total
SPECIAL EDUCATION IDENTIFICATION		
SED	22	26.5
LD	19	22.9
Evaluation Process	7	8.4
Other	5	6.0
No Special Education	30	36.1
Total	*83*	*100.0*
SCHOOL PLACEMENT		
Regular Classroom	34	41.0
SED Program	8	9.6
Resource Room	7	8.4
Combined Regular and Special Education	21	25.3
Alternative Education	5	6.0
Not in School	8	9.6
Total	*83*	*99.0**
LENGTH OF EDUCATION PROGRAM		
Full Day	55	66.3
Reduced Day	14	16.9
Home School	1	1.2
Not in School	8	9.6
Tutoring Only	5	6.0
Total	*83*	*100.0*

* difference due to rounding

(9.6%) were judged as dangerous to others, and four students (4.8%) were judged as a danger to themselves. Further analysis revealed that of the eighty three students, forty four (53%) had three or more identified risk factors, indicating that many of the students served by the project were at high academic and social risk.

In addition to these risk factors, parents reported that ten children (12%) had moved out of their home due to their emotional and/or behavioral problems, and were placed in a variety of settings, including relatives, shelter care, foster care, group homes, juvenile detention, residential care, and private and state hospitals.

Table 3. Student Risk Factors Identified at Intake

	N *	Percent *
Academic Problem	49	59.0
Out of Control Behavior	57	68.7
School Suspension	25	30.1
Truancy	24	28.9
Drug and Alcohol Use	11	13.3
Law Violations	23	27.7
Chronic Runaway	8	9.6
Physically Abused	8	9.6
Sexually Abused	13	15.7
Attempted Suicide	2	2.4
Previous Psychiatric Hospitalization	5	6.0
Student sexually abusive	0	0.0
Felony Conviction	4	4.8
Dangerous to Others	8	9.6
Danger to Self	4	4.8

* Totals not given due to multiple category responses for same child

Child's Diagnostic Information

At intake, parents were asked to identify if their child had received any kind of diagnosis or "label" for their child's problems from the school or other professionals. These results are summarized in Figure 4. Forty parents (48.2%) indicated their child had been given some kind of diagnosis. Of those forty parents, sixteen parents indicated their child had been given a diagnosis, but they did not know what it was. The most

Table 4. Child Diagnosis as Reported by Parent

	Frequency*	Percent*
Developmental Disability	2	2.4
Anxiety Disorder	2	2.4
Attachment Disorder	2	2.4
Attention Deficit (ADHD)	24	28.9
Autistic Disorder	2	2.4
Avoidant Disorder	2	2.4
Bipolar Disorder	1	1.2
Childhood Depression	1	1.2
Conduct Disorder	1	1.2
Eating Disorder	2	2.4
Learning Disability	13	15.7
Oppositional Disorder	4	4.8
Schizophrenia	2	2.4
Tourette's Disorder	1	2.4
Emotional Disorder (SED)	5	6.0
Post Traumatic Stress	2	2.4
Other Disorder	3	3.6
Don't Know Diagnosis	16	19.3

* Totals not given as multiple responses possible

prevalent diagnosis was Attention-Deficit Hyperactivity Disorder -- twenty four children (28.9%) were reported to have been given this diagnosis. Thirteen children (15.7%) were diagnosed with some type of Learning Disability, and five children were reported to h. e been given the label "Seriously Emotionally Disturbed".

Twenty seven parents (65.1%) reported that their child had been given medication for their problems. The average age of the child at the time they were first given medication was nine. When asked what age their child was when they first believed there were problems, parents responded that the average age was seven and one-half. When asked the age of their child when parents first sought help, the mean age was eight and one-half.

Characteristics of Sample Families

Family Composition

A majority of the families served in this sample (53%) were a two parent household. More than a third (37.3%) were a family headed by a single mother, and just under five percent (4.8%) were headed by a single father. One child was living independently, and family status for three children was not reported. Families in this sample had an average of 5 persons living in the home (range: one to nine members). Of those families, nearly half (44.5%) had a non-related person or persons living in the home (range: one to six; mean: one). On average, the identified child in this sample had two siblings living in their home (range: zero to five; Median: two).

Seventy three of the respondents (88%) said they had legal custody of the child being served by the project. Two parents (2.4%) said legal custody was held by the state, and seven parents (8.4%) said "other" in response to the question. One parent did not answer the question. Summary family composition demographics are provided in Table 5.

Family Income and Education

Family income characteristics are summarized in Table 6. A large number of families(44.6%) reported an annual income of under ten thousand dollars per year. Another twenty percent reported incomes of between ten thousand and twenty thousand dollars. On average, parents responded that they were financially responsible for 4.11 persons in their household.

Employment was the most frequent single source of income for sample families (57.8%). However, over sixty eight percent of families reported that some form of public assistance (e.g., Social Security, unemployment, AFDC, SSI, Medicaid) was a part of their total household income. Other sources of income included child support (14.5%), retirement or pension income (3.6%) or other unidentified sources (4.8%).

Table 5. Family Composition

	N	Percent
Household Status		
Two Parent Household	44	53.0
Single Headed Mother	31	37.3
Single Headed Father	4	4.8
Child living on own	1	1.2
No Response	3	3.6
Total	*83*	*99.9**
# of Persons Living in Home		
One	1	1.2
Two	4	4.8
Three	15	18.1
Four	18	21.7
Five	14	16.9
Six	14	16.9
Seven	7	8.4
Eight	4	4.8
Nine	2	2.4
Not Reported	4	4.8
Total	*83*	*100.0*
Custody of Child		
With Caretaker	73	88.0
With State	2	2.4
With Other	7	8.4
Not Reported	1	1.2
Total	*83*	*100.0*

* Percents may not total to one hundred due to rounding

Approximately forty five percent (45.8%) of parents responding indicated they had a high school diploma, and nearly one third (28.9%) had some high school. A little over sixteen percent (16.9%) reported some college education, and only two parents (2.4%) reported having a college degree.

Table 6. Family Household Income

	N	Percent
Household Income		
Under $10,000	37	44.6
10,000 - 14,999	17	20.5
15,000 - 19,999	5	6.0
20,000 - 24,999	8	6.5
25,000 - 34,999	5	6.0
35,000 - 44,999	3	2.4
55,000 and up	2	2.4
Not Reported	6	7.2
Total	*83*	*100.0*
# of People Financially Responsible For		
One	2	2.4
Two	13	15.7
Three	17	20.5
Four	21	25.3
Five	7	8.4
Six	13	15.7
Seven	7	8.4
Eight	1	1.2
Not Reported	2	2.4
Total	*83*	*100.0*
Sources of Income		
Employment	48	57.8
Unemployment Comp.	5	6.0
AFDC	17	20.5
SSI	18	21.7
Social Security	8	9.6
Medicaid (Title XIX)	9	10.3
Pension/Retirement	3	3.6
Child Support	3	3.6
Other	3*	3.6*

* Totals not shown due to multiple response categories

Family Risk Factors, Unmet Needs, and Agency Involvement at Intake

Family Service Coordinators were asked to identify a number of family risk factors present in families upon referral to the project, and are summarized in Table 7. Major factors of poverty, family disruption, and histories of family violence and chemical dependence were primary in many of the families served by this project, indicative of the need for multi-agency coordination of services. Nearly one half of the families (49.4%) were identified as living below the poverty level. Issues of poverty and need were also exhibited in the fact that 21.7% of the families reported having no health insurance coverage for themselves or their children. Of those families with health coverage, over one-third (34.7%) obtained their child's health care coverage through Medicaid. A history of intrafamily violence was evident in 43.4% of families and chemical dependency issues were present in 47%. Over two-thirds of the children (69.9%) served were in families where the natural parents were not living together.

Approximately one-fifth of the families (19.5%) had a history past or present mental illness in immediate family members, including 7.2% in which a parent had experienced psychiatric hospitalization. 13.3% of the families had at least one parent that had been convicted for a felony, and in 14.4% of the families, one or more siblings of the child served by the project had been previously institutionalized or placed in foster care.

Table 7. Family Risk Factors Identified at Intake

	N	Percent
Below Poverty Level	41	49.4
Natural Parents Not Living Together	58	69.9
Parent Psychiatric Hospitalization	6	7.2
Parent Convicted of Felony	11	13.3
Siblings Institutionalized	3	3.6
Siblings in Foster Care	9	10.8
History of Family Mental Illness	16	19.5
History of Family Violence	36	43.4
History of Family Chemical Dependence	39	47.0

* Totals not shown due to multiple response categories

In addition to risk factors identified by the Family Service Coordinators, families were asked to identify formal and informal social and service needs that they felt were as yet unmet (Table 8). This information was used by the consultants in their work with families to develop comprehensive service plans to meet the needs of all family members. Among unmet formal service needs, educational services (48.2%), mental health services (69.9%), and social service needs were most frequently mentioned. Unmet social service needs (26.5%), health care needs(32.5%), vocational training/placement services (25.33%) and housing needs (15.7%) were also identified by families.

In the area of informal service needs, 39.8% of families indicated unmet needs

in the area of leisure and recreation, and 12.0% mentioned transportation needs. Thirty five parents (42.2%%) mentioned the need for enhanced social support (friends), and other unmet needs were noted by 10.8% of families.

Figure 8. Unmet Family Needs at Intake

	# of families	Percent
Leisure/recreation	33	59.0
Education	48	48.2
Social Services	22	26.5
Health Care	27	32.5
Mental Health	24	28.9
Housing	13	15.7
Vocational	21	25.3
Social Support	35	42.2
Transportation	10	12.0
Other	10	10.8

* Totals not shown due to multiple response categories

Many of the families served by this project were being served by one or more public agencies at the time of intake (Figure 9). Not unexpectedly, a large percentage of families (39.8%) were receiving public assistance. Over one quarter (26.5%) were involved with their county juvenile department, and nearly one-third (28.9) had recent contact with a local law enforcement agency. One fifth of the families (20.5%) were involved with their school's Behavior Management program. 18.1% of families were involved with the county mental health agency, 12% were clients of the state child welfare agency, and 8.4% were receiving services through the county drug and alcohol agency.

Table 9. Community Agency Involvement with Families at Intake

	# of families	Percent
Mental Health	15	18.1
Juvenile Department	22	26.5
Drug and Alcohol	7	8.4
Public Assistance	33	39.8
Child Welfare Agency	10	12.0
Law Enforcement	24	28.9
Behavior Management	17	20.5
Community Services Consortium	5	6.0
Adult Probation and Parole	4	4.8
Family Support Group	1	1.2
Other	11	13.3

* Totals not shown due to multiple response categories

Data from parents, children and Family Service Coordinators were collected at service termination to evaluate the impact and effectiveness of the project across a number of domains, including: (1) types of services provided and completion of service goals as assessed by both Family Service Coordinators and families; (2) family and child perceptions and assessment of services; (3) post-program service planning; (4) changes in student special education identification and school placement; (3) changes in student risk factors and family service needs; and (4) changes in families' perceived feelings of personal empowerment. Copies of questionnaire and survey forms used for data collection are included in the Appendix.

Assessment of Services Provided Families and Children

Six major domains of service were provided families by the Family Service Coordinator. These included assessment services, goal setting with the family and development of comprehensive service plans, linking and coordinating services with appropriate community agencies, monitoring client progress, and providing support and advocacy services. Services were provided to families after their initial YST staffing and referral to the project. In this regard, on average Family Service Coordinators had their initial contact with families within eight days of the initial YST staffing (range: 1 - 12 days).

Assessment - Following the initial YST assessment, the FSC provides systematic and ongoing collection of data to determine the current status of the family and identify their needs in health, social service, education, mental health, vocational, recreational and emotional support.

Goal Setting - Based on the initial assessment, the FSC works with the family to establish goals that they want to work on. These goals are listed on the written plan

and a projected completion date is established to help in monitoring the progress.

Development of the Family Service Plan - Following the development of the YST Family Service Plan, the FSC works with the entire family to identify additional needs and determine the resources available to meet those needs in a coordinated, integrated fashion.

Linkage and Coordination - The FSC maintains weekly contact with the family to ensure that services are meeting the needs. Coordination includes making referrals or providing information to assist the family in self-referrals, maintaining contact with resources involved to ensure coordinated service delivery, sharing information and assisting with any coordination problem that may arise.

Monitoring - Monitoring consists of a set of activities to ensure that the family has received services in an efficient and effective manner, geared towards successful completion of the plan. The coordinator achieves this by maintaining regular contact with the family, providing active outreach, coordinating meetings among family members and team members and revising the service plan based on the changing needs of the family.

Support and Advocacy - Support services are provided to assist the family in achieving the goals of the plan, particularly when resources are inadequate or the service delivery system is unresponsive. The FSC serves as a family advocate and intervenes with agencies to help the family receive appropriate benefits and services.

The vast majority of families received services from the Family Service Coordinators across all the major service domains (Table 10). Coordinators provided linking and coordinating services to over 90% of the sample families, and nearly the same percent (89.1%) of families were provided support and advocacy services. Three quarters of the families were involved in goal setting activities with their Family

Service Coordinator, and comprehensive service plans were developed for over seventy percent of the families. Post-YST staffing assessment was provided for 88% of the families.

Table 10. Summary of Services Provided Families by Family Service Consultant

	# of families	Percent
Assessment	73	88.0
Goal Setting	63	75.9
Developing Comprehensive Family Service Plan	61	73.5
Linking/Coordination with Other Agencies	75	90.4
Monitoring Progress	67	80.7
Support/Advocacy Services	74	89.1

* Totals not shown due to multiple response categories

Perceptions of Family-Centered Nature of Services

Parents were asked a series of questions to gauge the extent to which they were actively involved in the planning and delivery of their child's services. (appendix IV) Indicators of such involvement included invitations to planning meetings, attendance at meetings perceptions of involvement in making decisions, provisions for active parental involvement in carrying out service plans, and development of a written service plan with parent "sign off".

Since the initial Youth Services Team staffing meeting, a large majority (76.6%) of parents indicated they had been invited to a subsequent meeting with people from various agencies involved with their child's care. Of those invited, eighty two percent attended such a meeting, indicating a high degree of parental involvement in the initial planning for their child's care. Attendance at later meetings was more mixed. When asked how many such meetings they had attended in the last six

months, parents had attended an average of four meetings. However, there was considerable variation in attendance (range zero to forty, SD of 6.46) making this difficult to interpret, as some children may have required numerous meetings due to the severe nature of their behavior, while others required less formal planning.

Parents were also active in a number of other activities that revolved around planning for their child's care. Nearly ninety five percent (94.8%) reported having telephone conversations with providers, eighty seven percent experienced home visits from providers, and almost sixty four percent (63.6%) were involved with other types of meetings with service providers. Over three quarters of the parents (76.6%) attended at least one parent-teacher conference, and nearly 64.9% had sought out information to help plan for their child's care.

To help assess whether the level of family involvement in service planning and delivery among project families was higher than the same target population who did not go through the YST or receive family services coordination services, a comparison group of 35 parents whose children were in self-contained classrooms were asked the same set of questions. (appendix IVa) As indicated in Table 11, with the exception of attending parent-teacher conferences, comparison families were consistently less likely to be invited to or attend planning meetings for their child and to engage in other activities related to planning for their child's care. While matching of project parents and comparison group families was not possible, the degree of difference is a strong indication that project families were engaged to a higher degree in planning for their child's care.

Table 11. Differences Between Comparison Group Parents and Project Parents Concerning Involvement in Planning Meetings

	Comparison Parents % Yes	Project Parents % Yes
Invited to meeting with people from agencies involved in child's care	34.3	76.6
Attended one or more meetings	31.4	82.0
Telephone conversations with service providers	85.7	94.8
Home visits made by providers	25.7	87.0
Other types of meetings with service providers	51.4	63.6
Parent-teacher conference	85.7	76.6
Requesting information	62.9	64.9
Other ways involved in planning for child's care	20.0	26.0

Another important gauge of family-centered services involves the coordination of service agencies in the development of a single service plan that includes all the services provided the child and family. The majority (57.9%) of project families responding to this question indicated that a single plan was in place. Twenty six percent were unsure if a single plan was in place, while only 15.8% reported there was not a single service plan.

Nearly eighty percent (78.9%) of project parents indicated that some written plan had been developed for their child and two thirds (66.2%) had been asked to sign off on the plan. Once again, as indicated in Table 12, parents in the comparison group were much less likely to have either a single service plan or other written plan

developed for their child. Similarly, comparison group parents were less often asked to "sign off" on a plan than project parents.

Table 12. Differences Between Comparison and Project Parents Concerning the Development of Service Plans and Parent "Sign off"

	Comparison Parents			Project Parents		
	%Yes	%No	%Don't Know	%Yes	%No	% Don't know
Single Service plan developed including all services child involved in	22.9	62.9	14.3	57.9	15.8	26.3
Written plan developed	65.7	22.9	8.6	78.9	6.6	14.5

To assess the degree of involvement in developing their child's service plan, project parents were asked a series of questions utilizing a 4 stem likert scale ("not at all"; "a little"; "some"; "a lot") concerning what role they played in the process. A summary of these responses is found in Table 13. A large percentage (76.8%) of parents responding indicated that they were involved "a lot" or "some" in the development of a service plan. A large majority (83.1%) of parents also reported that their child's progress was discussed "some" or "a lot", indicating that indications of child strengths was an important feature of plan development and monitoring. In a related vein, over three quarters (75.4%) of parents responding indicated that the needs of the whole family were considered in planning the activities and services their child was involved in. Half the parents (50.6%) felt that enough time was given for decisions, and nearly a third (31.2%) said "some" time was given.

Table 13. Level of Parental Involvement in Service Plan Decision-Making

	A lot		Some		A Little		Not at all		Missing
	n	%	*n*	%	*n*	%	*n*	%	*n*
Extent involved in developing plan	43	55.8	16	20.8	10	13.0	7	9.1	1
Extent child's progress discussed	45	58.4	19	24.7	8	10.4	5	6.5	3
Extent needs of whole family considered in plan	32	41.6	26	33.8	8	10.4	8	10.4	3
Enough time given for decisions	39	50.6	24	31.2	5	6.5	6	7.8	3
Parent ideas valued by those planning services	42	54.5	23	29.9	6	7.8	4	5.2	2
Involved professionals showed concern for family	56	72.7	13	16.9	5	6.5	1	1.3	2
Professionals understood child's situation	41	53.2	23	29.9	6	7.8	4	5.2	3
A role for parent in carrying out plan	38	49.4	23	29.9	6	7.8	7	9.1	3
Extent parent influenced activities and services	34	44.2	22	28.6	10	13.0	9	11.7	2
Extent parent agreed with plan	47	61.0	19	24.7	5	6.5	3	3.9	3

A majority (54.5%) felt their ideas were valued "a lot" by the professionals planning services, and a third (29.9%) felt their ideas were valued "some". Similarly, 89.6% of parents felt the professionals involved in planning showed "some" or "a lot" of concern for their family, and, importantly, a majority (53.2%) felt the professionals involved in planning understood their child's situation "a lot".

Active parental involvement in service delivery is a key factor in family-centered models of care. In this sample, when asked if there was a role for them in

carrying out the service plan, almost one half (49.4%) indicated there was "a lot" in this regard, while 29.91% said there was "some" role for them. Only 9.1% indicated they had no role in carrying out the plan. Of related importance, 44.2% of the parents felt they were able to influence the activities and services their child was involved in "a lot". Nearly a third (28.6%) felt they had "some" influence, while nearly a quarter felt they had little or no influence. In regard to the family-centered nature of the program an important finding is that 61% of parents responding agreed with the service plan "a lot". Nearly one quarter (24.7%) agreed with the plan "some", while only 3.9% percent did not agree.

Table 14 provides results of t-tests comparing responses of the project parents and comparison group parents in terms of their attitudes towards their involvement in planning. Project parents were significantly more likely to feel that professionals understood their child's situation, showed concern for the family, and valued their ideas. Project parents were also significantly more likely to feel enough time was provided in meetings to make decisions and that the needs of the whole family were considered. And finally, project parents were significantly more likely to agree with the service plan than comparison parents.

Table 14. Comparison Parents vs. Project Parents on Attitudes Concerning Service Plan Development

	Comparison Parents		Project Parents		
	Mean	SD	Mean	SD	*p*
Extent involved in developing plan	2.0	1.1	2.3	1.0	.307
Extent child's progress discussed	2.2	.87	2.4	.91	.503
Extent needs of whole family considered in plan	1.2	1.2	2.1	.98	.000
Enough time given for decisions	1.8	.95	2.3	.91	.018
Parent ideas valued by those planning services	1.9	1.0	2.4	.85	.023
Involved professionals showed concern for family	2.1	.85	2.7	.67	.001
Professionals understood child's situation	1.8	.97	2.4	.85	.003
A role for parent in carrying out plan	1.8	1.1	2.2	.96	.065
Extent parent influenced activities and services	1.7	1.1	2.1	1.0	.109
Extent parent agreed with plan	1.9	.92	2.5	2.5	.006

Utilizing project parent data, correlation analysis was conducted to determine the degree of association between parental involvement activities and their level of agreement with service plans. Consistent positive relationships were found between the extent of active parent participation in planning and decision-making and their degree of agreement with the final plan. The degree to which parents were provided an active role in both developing and carrying out the plan were positively associated with agreement with the plan ($r = .554$, $p < .05$; $r = .504$, $p < .05$, respectively). In a

similar vein, there was a positive association between the extent to which parents felt they were able to influence activities and services and their agreement with the service plan (r = .526, p < .05). Parents who agreed with the plan were also more likely to feel that their ideas and contributions in the meeting were valued by professionals (r = .722, p < .05).

It is clear that the degree of understanding that professionals exhibited towards the child's situation and the level of concern shown by professionals towards the parent and family is influential as to the level of parental agreement with the service plan. A positive and significant correlation (r = .335, p < .05) was found in the relationship between parental perceptions of how much professionals understood their child's situation and their agreement with the service plan. Similarly, a positive correlation (r = .554, p < .05) was found in the relationship between the degree of professionals' concerns towards the parent and family and parental agreement with the service plan. In a related vein, parents who felt the needs of their whole family were considered in planning activities for their child were more likely to agree with service plans (r = .573, p < .05). The amount of time given in meetings for decisions regarding the child was also positively correlated with parental degree of plan acceptance (r = .660, p < .05). Only one factor, the number of meetings held, was not significant to parental agreement with plans (r = .074, p > .05).

Protection of Child's Rights

A series of questions were asked to assess the degree to which parents felt that their child and family's right to confidentiality had been protected, whether grievance procedures were explained to them, and whether alternative service options had been explained.

The vast majority of parents (84.4%) indicated that the information about their child's participation in the activities and services received were kept confidential. Only two parents (2.6%) indicated information was not kept confidential, and thirteen percent indicated they did not know.

Three quarters (75.3%) of parents responding indicated that they had been informed by program staff of their right to refuse any of the services in their child's service plan. Thirteen percent indicated they were not told of this right, while nine parents did not know. Over ninety percent of the parents said they were asked to sign a consent form prior to their child receiving services.

Parental knowledge of the existence of grievance procedures was less consistent. Not quite a third (31.2%) of parents indicated that they were aware of grievance procedures in the event they were not happy with the services their child received. Over forty percent (44.2%) said there were no grievance procedures in place, while almost a quarter (24.7%) did not know if such a procedure existed.

In terms of their ability to access agency records concerning their child and family, almost a third (29.9%) indicated that they had "a lot" of access, and nine percent indicated they had "some". A little over eleven percent (11.7) said they had little or no access.

Parents had mixed results concerning whether they had the advantages or disadvantages of services explained to them by program staff (e.g., the side effects of medication, possible changes in behavior during treatment, etc.). Slightly over one third (36.5%) felt these advantages and disadvantages had been explained very well to them. One third (33.8%) of the parents said they had received some explanation, while 36.8% said there had been little or no explanation given them. In a similar light, a little over one third (36.8%) of parents indicated that there had been a lot of

discussion about alternative services or activities, while seventeen percent indicated there had been no such discussions.

Table 15. Parental Perceptions Concerning Program Protection of Child Rights

	Yes		No		Don't Know	
	n	Valid %	*n*	Valid %	*n*	Valid %
Information concerning services kept confidential	65	84.4	2	2.6	10	13.0
Asked to sign form consenting for services	70	90.9	2	2.6	5	6.5
Told of right to refuse services	58	75.3	10	13.0	9	11.7
Grievance procedures existed	24	31.2	34	44.2	19	24.7

Services Related to Transition into Adulthood

One likert scale question was asked concerning how well the Youth Services Team was preparing the child and family for the adult service system, followed by a series of open-ended questions. The majority of parents (n = 62) did not respond to these questions, most likely due to the younger age of the child. Of the fifteen parents who did respond, three indicated they had been prepared "a lot", three indicated "some" preparation, one indicated "a little" preparation, and eight indicated they and their child had not been prepared at all. Given the small numbers of parents that responded, limited ability exists for interpreting these results.

Cultural Appropriateness of Services

To begin to gather information on parents' assessment of the importance of cultural considerations in planning and providing services, a number of likert type and open ended questions were utilized. The majority of parents (53.3%) indicated that the consideration of culture was not at all important to them in planning services for their child. Thirteen parents (26.5%) indicated however that it was important "a lot".

Fourteen percent indicated it was of some importance. When asked if culture was considered in the development of the primary service plan, thirteen parents indicated it was, ten said it was not, five did not know, and forty eight parents did not respond to the question. As in the section on transition planning, this high "no response" rate is not surprising in view of the large number of parents who did not view culture as an important consideration in service planning.

SERVICE OUTCOMES AT TERMINATION

There was a high degree of agreement between Family Service Coordinators and parents in their assessments of overall success in meeting service goals (Table 16). Coordinators reported that for 47% of the families they worked with, service goals were fully met. This compared favorably with the assessment of parents, of which 41% felt that service goals were fully met. Similarly, consultants reported that service goals were partially met for 42% of families, while half (50.6%) of families reported service goals were partially met. A small percent of parents (6.0%) felt that service goals for their child and family were not met, while consultants judged that goals were not met for 7.2% of the families.

Table 16. Completion of Service Goals as Assessed by Family Service Consultants and Parents

	Family Service Coordinators		Parents	
	n of families	% of families	n	Percent
Goals Fully Met	39	47.0	34	41.0
Goals Partially Met	35	42.2	42	50.6
Goals Not Met	6	7.2	5	6.0
Goals Changed due to Family Decision	1	1.2		
Missing	2	2.4	2	2.4
Totals	*83*	*100.0*	*83*	*100.0*

Family Service Coordinators were asked to indicate the primary reasons for termination of services to project families. These responses are summarized in Table 17. For nearly one half of the families (45.2%) the reason listed was "goals achieved". Services were terminated for 15.7% of families due to the end of the three month service period. For 15.7% of the families, primary responsibility for ongoing case management services were being provided by other agencies. 10.8% of the families had become their own case manager at the end of the service period. Services for five families ended due to the unavailability of the family for appointments, and one family moved out of the area. None of the families served in this sample requested termination of services.

Table 17. Reason for Termination of Program Services

	# of families	Percent
Goals Achieved	35	45.2
Services now Provided by Other Agency Case Management	13	15.7
End of Three Months	18	21.7
Family as Own Case Manager	9	10.8
Family Requested Termination	0	0.00
Family Moved	1	1.2
Family not Available for Appointments	5	6.0
Other	2	2.4
Total	*83*	*100.0*

At case termination, families were asked to identify formal and informal service needs that were still unmet for them. In terms of formal services, nearly a third of the families (28.9%) identified mental health services as still being needed. Unmet education needs for their child were identified by 20.5%. Vocational training needs were identified by 14.5% of the families, housing needs by 14.5%, and social services by 6.0 %. Among informal service needs, 14.5% of families identified leisure and recreation, 7.2% mentioned transportation, and two parents (7.2%) mentioned the need for social support (friends).

Table 18 compares percentage differences in unmet family needs at intake and termination. Dramatic reductions in needs were seen in a number of areas. In the area of formal service needs, notable reductions were seen in perceived need for mental health services (a 41% reduction), education services (a 27.7% reduction), and other social services (a 20.5% reduction). Little change was noted in the need for adequate housing.

In terms of informal services, the need for leisure and recreation resources had a 25.3% reduction, and unmet needs of social support (identified by 42.2% of families at intake) had fallen to 6.0%.

Table 18. Comparison of Unmet Family Needs at Service intake and Termination

	Unmet Needs at Intake	Unmet Needs at Termination
	% of Families	% of Families
Leisure/recreation	39.8	14.5
Education	48.2	20.5
Social Services	26.5	6.0
Health Care	32.5	9.6
Mental Health	69.9	28.9
Housing	15.7	14.5
Vocational	25.3	13.3
Social Support	42.2	6.0
Transportation	12.0	7.2
Other	10	10.8

In this regard, Family Service Coordinators were asked to assess the availability of resources in the community to satisfy the unmet needs of families. These results are summarized in Table 19.

Table 19 . Resources Not Available at Termination to Meet Family Needs

	# of Families*	Percent
Leisure/recreation	5	6.0
Education	3	3.6
Social Services	1	1.2
Health Care	3	3.6
Mental Health	7	8.4
Housing	9	10.8
Vocational	2	2.4
Transportation	7	8.4
Other	2	2.4

* totals not given due to overlapping multiple needs of some families

One possible explanation for this reduction in unmet needs from intake to case termination may lie in the increased involvement of families with community agencies during their involvement with the Family Services Coordinator, and inclusion of these family needs in the Comprehensive Family Service Plan. Families were more likely to be involved with key social service agencies at termination than at intake (Table 20) that provided counseling and job training services. Of importance, the areas of greatest unmet need, mental health treatment, was the area in which service involvement most increased. The number of families on public assistance had little change, indicating that services had little impact on the economic resources of the family.

Table 20 . Comparison of Agency Involvement with Families at Time of Intake and Termination

	Involved at Intake	Involved at Termination
	# of families	# of families
Mental Health	15	41
Juvenile Department	22	21
Drug and Alcohol	7	7
Public Assistance	33	32
Child Welfare Agency	10	12
Law Enforcement	0	0
Behavior Management	17	33
Community Services Consortium	5	14
Adult Probation and Parole	4	3
Family Support Group	1	1
Other	11	2

In a related vein, cases were examined at termination to determine which agency took the YST team leadership for ongoing case management after project

termination. Twenty four families had no team leader assigned as services were completed or the family had taken on the case management leadership position. School personnel assumed ongoing case management leadership for 23 families, and the local juvenile department or child welfare agency took ongoing responsibility for ten and nine families respectively.

Table 21. Team Leader Agency Assigned at Termination

	n	Percent
No Team Leader Assigned	24	28.9
School	23	27.2
Mental Health	3	3.6
Juvenile Department	10	12.0
Child Welfare Agency	9	10.8
Behavior Management	3	3.6
Other	6	7.2
Total	*83*	*100.0*

Student Risk Factors at Termination

Selected risk factors of students at program termination were compared in aggregate form to factors present at intake as one measure of program impact (Table 22). The largest reductions were in out-of-control behavior of students (the highest frequency of identified risk factors at intake), school suspension/expulsion and truancy. Some reduction in academic problems and law violations also occurred.

Table 22. Student Risk Factors Compared at Program Intake and Termination

	Factors at Intake n	Factors at Termination n
Academic Problems	49	34
Out of Control Behavior	57	35
Suspension/Expulsion	25	7
School Truancy	24	13
Drug and Alcohol	11	9
Law Violations	23	15
Chronic Runaway	8	6
Attempted Suicide	1	1

Changes in Student Special Education Identification and Program at Termination.

Child educational records were examined to determine what changes in special education identification and program placement occurred over the course of service delivery to children served by the project. Fifty six children experienced no change in their special education identification from intake. Seven and eight children respectively were changed from intake to SED and LD classifications (two children were classified both SED and LD). Five children were still in the evaluation process.

At the termination of services, twenty students had changed to full day educational programs and ten changed to a reduced day. Thirteen students were no longer in school at the termination of services, and forty students had no change in their school day length.

Thirty seven students had no change in their type of school placement at program termination. Fifteen students had changed from intake to a regular classroom setting. Three students were changed to an SED program and three to a Resource Room. Fourteen students were changed to a combined regular and special education program, and five entered an alternative program. Six students were identified as disconnected from school.

Parent and School Personnel Perceptions of Child Progress

Parents and teachers were asked to rate their perceptions of child progress for children served by the project over the previous three months. (appendix V) Ratings on domains of child behavioral self-control, emotional adjustment, social/relationship skills, achievement (grades), school adjusument, and family adjustment were asked using a four item Likert Scale (1 = Worse, 4 = Much Improved). Data from 58 parents and 33 teachers were obtained and are shown in aggregate form in Table 23. A t-test was performed for significant differences between teacher and parents ratings, and no significant differences were found. The majority of both parents and teachers rated children as "improved" or "very improved" across all domains with the exception of improvements in social/relationship skills and family adjustment. A majority of parents (72.4%) reported the child's adjustment had improved or much improved, compared to 36.4% of teachers. However, ten teachers did not respond to this question, probably due to their lack of knowledge of the child's home situation.

Table 23. Perceptions of Parents and Teachers Concerning Child Progress Reported in Percents

	Parent Perceptions				Teacher Perceptions			
	MI	I	NC	W	MI	I	NC	W
Behavioral self-control	13.8	55.2	27.6	3.4	9.1	54.5	24.2	9.1
Emotional Adjustment	17.2	43.1	31.0	6.9	9.1	51.5	33.3	3.0
Social/Relationship Skills	13.8	48.3	29.3	8.6	6.1	39.4	48.5	3.0
Achievement	25.9	37.9	25.9	6.9	3.0	48.5	39.4	3.0
School Adjustment	25.9	32.8	27.6	12.1	15.2	60.6	21.1	3.0
Family Adjustment	17.2	55.2	19.0	8.6	6.1	30.3	27.3	6.1

MI = Much Improved; I = Improved; NC = No Change; W = Worse
%s may not total to 100 due to missing data

Parents (n = 35) and teachers (n =34) of children from the comparison group were also asked to rate children's adjustment across the six domains over the previous three months. Again, t-tests revealed no significant differences in responses of comparison parents or teachers. However, significant differences were obtained when

comparing responses of project parents to comparison parents, and in comparison of project teacher and comparison teacher responses (Table 24). Project parents were significantly more likely to rate their child's improvement as higher across all domains. Teachers of children served by the project were significantly more likely to positively assess child progress in the areas of behavioral self-control, emotional adjustment, school adjustment, and family adjustment.

Table 24. Comparisons of Differences in Child Progress Ratings between Project Parents and Comparison Parents and Between Project Teachers and Comparison Teachers

	Comparison Parents		Project Parents		
	Mean	SD	Mean	SD	*p*
Behavioral Self Control	2.2	.97	2.8	.75	.007
Emotional Adjustment	2.1	.75	2.7	.86	.001
Social/Relationship Skills	2.2	.86	2.6	.84	.014
Achievement	2.4	.95	2.8	.92	.048
School Adjustment	2.1	.85	2.7	.99	.001
Family Adjustment	2.2	.85	2.8	.82	.003
	Comparison Teachers		Project Teachers		
	Mean	SD	Mean	SD	*p*
Behavioral Self Control	2.2	.86	2.7	.78	.022
Emotional Adjustment	2.2	.84	2.7	.69	.014
Social/Relationship Skills	2.2	.75	2.5	.67	.071
Achievement	2.3	.77	2.5	.62	.265
School Adjustment	2.2	.88	2.9	.69	.001
Family Adjustment	2.0	.79	2.5	.79	.047

Child Perceptions of Progress

Children served in the project were also asked to assess their progress over the previous three months in terms of the previously discussed domains. (appendix VI) Responses from 39 children with a mean age of 12.8 years were obtained and are summarized in Table 25. By large majorities, the children felt that they had improved or very much improved over all domains. When asked to assess their grades in school, 59% indicated improvement. Over three-quarters (79.5%) felt improvement in

self-control of their behavior, and a similar number (79.4%) felt they had improved emotionally. Two-thirds of the children (66.6%) felt they had improved in terms of getting along in school and in getting along with peers. When asked about how they were getting along at home, a full 87.2% stated they had improved.

Table 25. Child Perceptions of Progress while in the Project (n = 39).

	Much Improved %	Improved %	No Change %	Worse %	Missing %
Controlling my Behavior	30.8	48.7	15.4	5.2	
Handling my Emotions	25.6	53.8	15.4	5.1	
Getting Along at Home	28.2	59.0	12.8		
Getting Along with Peers	33.3	33.3	28.2	5.1	
School Grades	10.3	48.7	28.2	7.7	5.1
Getting Along in School	33.3	33.3	17.9	10.3	2.6

Data from 28 children (mean age: 12 years) from the comparison group was also obtained on the same questions and t-tests were conducted to see if there were any significant differences between the comparison children and children served by the project. Children served by the project were significantly more likely to rate their emotional self-control ($p = .004$) and getting along at home ($p = .006$) as improved as compared to comparison children. No significant differences were found among the other domains. Mean scores on handling emotiors for the project group was 3.2 (SD = .65) versus 2.5 (SD = .84) for the comparison group. Mean score on getting along at home were 3.2 (SD = .63) for the project group and 2.5 (SD = .84) for the comparison group.

Child Satisfaction With Services

To obtain evaluative information from children served by the project, information was obtained from 32 children on a 5 item questionnaire, The Youth Satisfaction Questionnaire. (appendix VII) The questionnaire consisted of five questions: (1) Did you like the help you were getting; (2) Did you get the help you wanted; (3) Did you need more help than you got?; (4) Were you given more services than you needed?; and (5) Have the services helped you with your life? A three point likert scale ("yes", "somewhat" and "no") was used for each question. A summary of results is provided in Table 26.

Overall, the children responding to this questionnaire indicated general levels of satisfaction with the services provided. Over sixty percent (62.5%) indicated that they liked the help they received, 28.1% percent indicated they "somewhat" liked the help they received, and only 6.3% (two children) indicated disliking services.

Nearly sixty percent (59.4%) indicated that they received the help they wanted, while only 9.4% indicated they did not receive services they wanted. Thirty one percent indicated they got the services they wanted only somewhat. In a related vein, nearly nineteen percent (18.8) of the children felt they got more help than they needed, while over half (56.3%) indicated they did not get more help than they needed. One quarter (25%) indicated "somewhat" in response to the question.

When asked about the actual services provided, a large majority (71.9%) indicated they were not given more services than needed, while 18.8% felt they did receive more services than needed. 9.4% indicated that they received more services than they needed somewhat. Over eighty percent of the children felt the services provided had helped their lives (40.6% yes; 43.8% somewhat), while 15.6% said services they received did not help.

Table 26. Student Satisfaction with Services Responses

	Yes		Somewhat		No		Missing	
	n	%	*n*	%	*n*	%	*n*	%
Liked the help given	20	62.5	9	28.1	2	6.3	1	3.1
Got help wanted	19	59.4	10	31.3	3	9.4		
Needed more help than given	6	18.8	8	25.0	17	56.3		
Given more services than needed	6	18.8	3	9.4	23	71.9		
Services have helped with life	13	40.6	14	43.8	5	15.6		

Family Empowerment

As an important component of the project was to work collaboratively with family members to enhance their own abilities to locate resources and solve problems, an assessment of changes in family levels of empowerment was conducted. (appendix VIII) Empowerment was measured through the use of the Family Empowerment Scale (FES), developed at Portland State University's Regional Research Institute. The FES was developed to assess dimensions of empowerment in families whose children have emotional disabilities, and with the assistance of the scale's authors was slightly modified for use in this study. The 28-item rating scale, using a 5-point likert scale, measures empowerment within a two-dimensional conceptual framework.

This framework consists of two dimensions of empowerment: (1) the level of empowerment (*Family*: immediate situations at home; *Service System*: professionals and agencies providing services to them; and *Community/Political* (legislative bodies, policy makers and community members that influence services); and (2) the way that

empowerment is expressed (*Attitudes*: beliefs and feelings, *Knowledge*: what a parent knows and can potentially do, and *Behaviors*: what a parent actually does).

Internal consistency of the unmodified FES was reported by the authors to have coefficient alphas of 0.88 for the family level, 0.87 for the service system level, and 0.88 for the community/political level. The FES has good test-retest reliability and validity. Further psychometric analysis of the FES (Singh, et. al., 1995) has confirmed its reliability and validity.

Data from 38 families served by the program were collected. Correlated t-tests were conducted to examine differences between pre-test scores obtained at the onset of program services and post-test scores obtained at the end of services concerning the expression of attitudes, knowledge and behaviors of parents along the levels of family, service system and community/political levels of empowerment. Changes in expressions of attitude by parents at the family, service system and community/political level are reported in Table 27; changes of knowledge are reported in Table 28; and changes in Behaviors are reported in Table 29.

In examining pre- and post-test changes in expression of attitudes, mean changes on all items across all levels were positive, with the exception of family confidence in ability to help their child grow and develop (pre and post means were 3.7). At the family level of empowerment, a significant change was found for the item: "I believe I can solve problems with my child when they arise" ($t = 2.52$, $df = 37$, $p < .05$). At the service system level, all items had significant positive change. One items in community/political level was significant: "I feel my knowledge and experience as a parent can be used to improve services for children and families ($t = 3.26$, $df = 37$, $p < .05$).

Table 27. Comparison of Pre- and Post-test scores on Expression of Attitudes

	Pretest Mean	Post-test Mean	*2-tail p*
Family Level			
I feel confident in my ability to help my child grow and develop	3.7	3.7	1.00
Generally I feel my family life is under control	2.8	3.5	.003
I believe I can solve problems with my child when they arise	2.9	3.5	.016
Service System Level			
I feel I have a right to make decisions about services that my child receives	4.1	4.6	.028
I have as much say-so as I want in determining what services my child receives	3.6	4.2	.002
I feel I am doing all I can to obtain services for my child.	3.9	4.5	.016
Community/Political			
I feel I can have a part in improving services for children in my community	3.4	3.8	.071
I believe that other parents and I can have an influence on services for children	3.8	4.9	.425
I feel my knowledge and experience as a parent can be used to improve services for children and families	3.1	3.7	.002

df = 37 1= "not true at all"; 2= "mostly not true"; 3= "Somewhat true"; 4= "mostly true"; 5= "very true"

Considerably more significant changes were found in parents' expression of knowledge, and again, all items showed positive mean changes. All items at the family level were significant, indicating families felt more confident in their abilities to gain and use knowledge to help their child and family. At the systems level, two items had significant changes: "I know the steps to take when I am concerned about poor services that my child is receiving ($t = 2.84$, $df = 37$, $p < .05$), and "I know what

services my child needs" ($t = 4.09$, $df = 37$, $p < .05$), providing indications that parents had gained more information to enable them to work with providers from a more empowered stance.

Two items indicated significant changes in parents' knowledge about influencing the greater community and political level of service delivery and decision making: "I understand the way services for children are organized" ($t = 3.31$, $df = 37$, $p < .05$), and " I know what the rights of parents and children are under the special education laws" ($t = 2.99$, $df = 37$, $p < .05$.

As in the previous dimensions, all item related to expression of behaviors had positive mean differences at the end of the program. Parents had significant changes in two items relating to the family level: parents were more likely to seek out information that could help their child ($t = 3.04$, $df = 37$, $p < .05$); and had learned new approaches to parenting ($t = 2.65$, $df = 37$, $p < .05$). At the service level, all three items related to service delivery interactions with professionals showed significant changes. At the community/political level, one item, "I tell people in agencies and government how services for children can be improved" was found to be significant ($t = 3.13$, $df = 37$, $p < .05$).

While only a subsample of parents served completed the empowerment questionnaire, it is of interest that all parents who did respond showed consistent increases.

Table 28. Comparison of Pre- and Post-test scores on Expression of Knowledge

	Pretest Mean	Post-test Mean	*2-tail p*
Family Level			
I know what to do when problems arise with my child	3.1	3.8	.001
I am able to get information to help me better understand my child	3.5	4.1	.004
When I need help with problems in my family, I am able to ask for help from others	3.6	4.1	.013
Service System Level			
I know the steps to take when I am concerned about poor services that my child is receiving	3.0	3.7	.007
I am able to work with agencies and professionals to decide what services my child needs	3.6	4.1	.113
I know what services my child needs	3.1	3.9	.000
Community/Political			
I understand the way services for children are organized	2.8	3.3	.003
I have ideas about the ideal service system for children	2.8	3.1	.133
I know how to get agency administrators or legislators to listen to me	2.3	2.7	.124
I know what the rights of parents and children are under the special education laws	2.9	3.5	.002

df = 37 1="not true at all"; 2= "mostly not true"; 3= "Somewhat true"; 4= "mostly true"; 5= "very true"

in mean scores across all items and levels of empowerment. Whether this is indicative that parents who feel more "empowered" as measured by the FES are more likely to complete the questionnaire than those who feel less empowered, or whether it is indicative of a general trend towards a greater sense of empowerment during program involvement is unclear, and further exploration of this phenomenon is called for in evaluations of similar programs.

Table 29 Comparison of Pre- and Post-test scores on Expression of Behaviors

	Pretest Mean	Post-test Mean	*2-tail p*
Family Level			
I often talk with other people about how they can help me with my child	3.5	3.9	.189
I have recently learned some new approaches to parenting	3.2	3.9	.012
I've looked for information to better understand my child	4.1	4.5	.004
Service System Level			
I tell professionals what I think about services that are being provided my child	3.5	4.3	.003
When necessary, I take the initiative in looking for services for my child and family	3.9	4.2	.044
I make decisions on what services my child receives	3.8	4.3	.039
Community/Political			
I get in touch with my legislators when important bills or issues concerning my children are pending	2.1	2.3	.125
I help other families get the services they need	2.6	2.8	.337
I tell people in agencies and government how services for children can be improved	2.4	3.1	.003

df = 37 1= "not true at all"; 2= "mostly not true"; 3= "Somewhat true"; 4= "mostly true"; 5= "very true"

Most notably, parents had significant gains in their sense of empowerment in working with the services system and with professionals dealing with their child, which may be reflective of the family-centered approach of the Family Services Coordinator and the Youth Services Team. The least overall changes, those concerning parents' beliefs and actions concerning interaction at the political and community level are not surprising given the general difficulties of citizen involvement

at this level; however it is important to note that their was a trend across all categories towards more positive expressions of empowerment.

Also of importance is the fact that respondents had positive changes in empowering behaviors within their family. Parents learned new alternatives for parenting, sought out the help of others, and sought information to improve their understanding of their child, indicating they had gained new skills to solve problems their child presented.

YOUTH SERVICES TEAM CONSUMER SURVEY

Parents, school staff, agency staff and students were surveyed following staffing at the YST. The teams wanted to learn how the staffing process was perceived by those who came to the team for assistance. Forty-eight responded to the survey. Included were five parents, twenty-eight school staff, seven agency staff and two students.

The eight question survey was divided into three sections: Consumer response, Response to the team and Response to the plan. Responders were also able to add narrative comments on the survey. (see Appendix for survey form example)

Ninety-five percent of the consumers of the YST believed that they were prepared for the team meeting. Everyone responding believed they were treated with respect as a participant of the meeting. Fifty-seven percent felt they were respected very much; 27% mostly respected and 15% somewhat respected.

The response to "To what extent did people offer new and positive options?" was 15% very much, 47% mostly, 32% somewhat and 6% said "not at all". When asked "How willing were team members to provide needed services?", 57% responded very much, 22% said mostly, 13% said somewhat and 8% responded "not at all".

The plan designed by the team was seen as addressing the concerns of the consumer 100% of the time, with the breakdown of 36% very much, 44% mostly and 20% somewhat. Ninety-six percent of the responses indicated that the YST plan included new, usable and supportive resources.

Narrative comments from the consumers included such statements as "I appreciated having the whole family included in the meeting" and "What a relief to not feel alone and somewhat lost and fearful for my son's future".

At termination a Parent Questionnaire was administered to parents who received family service coordination services. The questionnaire was used to measure the effectivenes of the services provided by the Family Services Coordinators. Figure 30 summarizes the results.

Table 30. Parent Questionnaire Summary of Termination Responses from Parents Receiving FSC Services

Beliefs	N	% of Parents
Feel more in control	39	74
Feel less stressed	38	72
Believe Concerns have been heard	47	89
Family emotionally supported	47	89
Able to get help I need for family	43	81
Connected with agencies and servcies that are needed for family	46	87
Believe child is doing better in school	36	68
Believe child is doing better at home	40	74

Services	N	% of Parents
Help define goals and make plan	46	87
Change plan when needed	24	45
Connecting with schools	49	92
Communication with agencies already connected with	43	81
Coordinate recreational activities	21	40
Connected to mental health services	29	55
Connected to medical services	20	38
Connected to vocational services	15	28
Went to court, meetings, appointments with family	29	55

Family Resource Team Survey

Another way the services of the FSC were evaluated was by sending the core team members working with the FSC a four question survey. At the time of termination with the family, the FSC sent out surveys to the key players of the family service plan. A self addressed stamped envelope was enclosed, returning the survey directly to the Project Coordinator who compiled the general responses.

The initial problems at the YST staffing were listed and the team member was ask if there had been an improvement in the student's situation. Sixty-nine percent responded that the student's situation had improved, 26% said the situation was the same and 4% said it was worse.

When asked "Was the FSC helpful to the family?" 82% responded very helpful, 12% somewhat helpful and 6% were not sure. No one responded "not helpful" to this question.

The third question asked "Did the FSC keep you informed of changes and progress regarding the student and family?". Ninety-six percent stated yes to this question.

The fourth question was "Were there additional services that the FSC could have provided for the family?". Ninety-three percent said no to this question.

Some additional narrative comments were:

- FSC provided an important link between community services and schools.
- Families and staff seemed universally relieved after the FSC stepped in.
- The FSC really helped to ensure that the YST recommendations/plans were being carried out.
- The FSC was an excellent parent advocate in dealing with the various agencies.
- The FSC was able to tell me when going down one avenue would be fruitless and that we needed to pursue another. She had information that would have taken me weeks to get.
- The FSC followed up services and coordinated efforts.
- The FSC helped build rapport between the mom and the school.
- I believe the FSC sought out every possible agency and program available for this student and family. However, I don't believe that emotionally disturbed children can quickly change with interventions.
- The FSC kept the family together during a time of crisis.
- The FSC developed a trusting relationship with mom, provided frequent face-to-face contact, followed through on everything.
- The FSC provided a good balance of help and did not take over the situation.
- Before connecting with the FSC, I felt like I was the only person in this case. I did not have the time to access both the school and community resources. She filled the necessary gap.

BMCP Constituent District Survey

The attached survey was conducted with Linn County constituent district staff over a one year period in an effort to measure impact of the program services and grant activities. Results of the survey suggest that the time period needs to be longer to be more effective, but there have been some areas of impact. Generally the survey results indicate the following:

1) School staff are overall highly satisfied with the program services and are particularly satisfied with the services that improve relationships with students' families and the school.
2) School staff are highly satisfied with the direct services, consultation and case management.
3) There has been an increase in the satisfaction with developing school-wide management practices.
4) School staff reported that the interagency collaboration was a very important service and they valued the YST process and the training provided by the program.
5) District staff reported a significant increase in the number of staff trained in 504 and writing behavior IEPs.

In addition to the above District Survey, the BMCP, during the last year of the project, developed a more thorough Program Evaluation Instrument.

Behavior Management Consultation
Program Evaluation

This instrument was developed with consultation from Dr. Tim Lewis from the University of oregon. There are three different evaluations developed to provide program assessment in three areas. These are :

- Direct Services to Students
- Building Level Services
- Community Services

In the process of developing a program evaluation process it was determined that it was not possible to have one evaluation form for all areas of service delivery. After consultation with Dr. Lewis, it was determined to develop this multiple evaluation process on the three areas. We field tested the instruments across settings such as small and large schools, rural and city, and line staff and administrators. Our intention is to fully implement the service evaluation in the '95 - '96 academic year. (appendix XII)

BMCP Constituent District Survey

Grant Related Activities for 1993/94 and 1994/95

This survey is intended to provide data to meet some of the requirements of the U.S. Department of Education Grant requirements and to evaluate the Behavior Management Consultation Program. The survey is being conducted now and there will be a follow-up in one year.

	N = 38 1993/94				N = 26 1994/95			
	Yes	Some-what	No	Don't Know	Yes	Some-what	No	Don't Know
BMCP								
I. Do you utilize the BMCP Program services?	% 85	% 9	% 3	% 3	% 87	% 7	% 2	% 4
II. Services for Specific Students								
1. Do the BMCP services for specific students:								
A. Increase responsible student behavior?	70	20	4	6	73	21	3	3
B. Keep student in school?	65	30	4	1	75	19	5 -	6
C. Improve relationship with the students' families and the school?	81	11	5	3	90	9	-	1
D. Connect students with community resources?	90	5	3	2	88	4	3	3
E. Reduce liability issues for your school?	68	12	2	18	79	10	3	8
2. Which of the above are the three most important for you?								
1. Please see corresponding description above-	D				A			
2. Please see corresponding description above-	A				C			
3. Please see corresponding description above-	C				D			
3. Do you experience the following services to be valuable?	89	7	2	2	94	3	1	2
A. Direct services with students with behavior disorders or serious emotional disturbance.	55	30	12	3	73	22	4	1
B. Developing behavioral goals for students with SED or behavior goals in the IEP.	76	15	5	4	89	9	1	1
C. Case management for specific students.	82	8	4	6	88	6	2	4
D. Consultation to education staff regarding specific students.	85	9	2	4	91	7	1	1
E. Working with families of specific students.								
4. Which of the above services that you use are the three most important services for you?	A E				C E			
1. Please see corresponding description above-	C				A			
2. Please see corresponding description above-								
3. Please see corresponding description above-								

III. Classroom and building services								
5. Do you experience the BMCP services as valuable in:								
A. Developing school-wide approaches to student management.	48	12	10	30	68	13	9	10
B. Teacher Assistance Teams.	71	14	6	9	73	13	7	9
C. Addressing legal concerns (LRE, FAPE, IEP's, etc.)	38	22	12	28	43	20	10	27
D. Behavior management of all students.	65	12	8	15	78	10	3	9
E. Crisis situations.								
6. Which of the above services that you use are the two most important to you?								
1. Please see corresponding description above-	B				D			
2. Please see corresponding description above-	D				B			
IV. Systems and community liaison services								
7. Do you experience the following services for system development and community liaison as valuable and important?								
A. Community collaboration	89	7	3	2	91	4	3	2
B. YST's	93	5	2	3	90	6	2	2
C. Staff development	40	11	23	26	48	10	20	22
D. Training	78	21	5	6	73	20	3	4
E. Technical assistance	52	21	18	8	58	19	16	7
8. Which of the above services that you use are the three most valuable for you?								
1. Please see corresponding description above-	B				B			
2. Please see corresponding description above-	A				D			
3. Please see corresponding description above-	D				A			
V. Additional comments.								

GRANT								
1. Did staff from your district attend SSBD training?	28	--	62	10	25	--	60	15
2. Was it beneficial?	15	20	3	62	16	21	18	52
3. Do you plan on implementing SSBD?	8	--	92	--	7	--	93	--
4. Has your district staff attended a behavior IEP training?	60	--	33	7	72	--	23	5
5. Have you implemented the training?	25	22	30	22	33	25	22	20
6. Does your district staff have adequate training in:								
A. 504?	30	33	28	9	54	28	6	2
B. Mapping IEP's?	15	9	56	20	16	21	45	18
C. Externalizing and internalizing behavior?	14	7	60	19	21	8	55	16
D. Modification of instruction for students with SED?	10	8	62	20	12	9	55	24
E. Social skills?	56	8	31	5	54	7	28	11
F. Building processes								
1. Schoolwide student management?	48	9	20	23	54	8	31	7
2. Teacher assistance teams?	57	23	12	8	48	21	11	20
G. Working with families?	13	12	63	12	14	12	60	16
H. Transitioning with SED students?	21	9	53	27	18	14	49	29
7. Does your district utilize case management services from BMCP?	15	7	60	12	13	9	54	18
8. Do you have SED classrooms and do they have reintegration practices?	6	12	82	--	4	15	81	--
9. Do you do any inter-district sharing of resources for students with SED?	1	3	92	4	1	2	92	5
10. Does your district utilize the continuum of services model for serving students with SED?	52	13	29	6	62	15	19	4

Indicators of Systems Change Survey

The Linn County Project utilized the "Indicators of Systems Change" survey found in Together We Can by A Melaville and Martin Blank and published jointly by the U.S. Department of Education and the U.S. Department of Health and Human Services in 1994. This survey addresses critical components to developing a "Profamily System of Education and Human Services". (appendix XIII)

This survey was utilized near the completion of the project by key informants from participating agencies as well as parents serving in various decision-making capacities. Thirty surveys were completed and there were no significant differences in responses by school staff, agency personnel or parents. The following results were obtained from this survey process.

Number of surveys: 30 (no significant differences in responses by categories)

Source:

School: 6 (20%)
Agency: 20 (66.7)
Parent: 4 (13.3)

Position:

Management: 10 (33.3%)
Direct Serv: 8 (26.7)
Case Man: 5 (16.7)
Other 7 (23.3)

Affiliation:

YST Board Member: 21 (70%)
Regional YST: 12 (40%)
Regional DHR: 13 (43.3%)
Grant Task Force: 9 (30%)

Adds up to more than 100 percent and 30 due to multiple affiliations

SELECTED HIGHLIGHTS:

100% agreement (yes and/or partially) that:

- Interagency agreements are in place (yes)
- Agency agreements negotiated with clear understanding meant to be binding (yes + partially)
- System for collecting info on case-by-case basis to determine barriers (yes)
- Person/committee designated to analyze info and ID barriers (yes and partially)
- Procedure in place to ensure collaborative reviews of information (yes and partially)
- Confidentiality protocols in place (yes and partially)
- Contacted state to maximize $ and channel to prevention-oriented services (yes+partial)
- Gained legitimacy in community as key vehicle re issues of child/family (yes + partial)
- Has a voice heard in the community (yes + partial)

- Cross training to share info/provide school-linked services (yes + partial)
- Change in way schools and providers relate to each other/students (yes + partial)
- Redirected staff assigned to school linked centers in touch with policies/agencies (yes + partial)
- Agreement on who needed to serve, what doing, what results (yes + partial)
- Outcome goals clearly established (yes + partially)
- Capacity to document how children faring/agencies meeting mandates (yes + partial)
- Data used strategically to advance goals (yes + partial)

90% + agreement (yes and/or partially)

- Program-level info triggers policy-level changes across multiple systems (yes + partially)
- Ready access to each other's records (yes + partially)
- Plans in place to support new patterns of service delivery beyond prototype (yes+ partial)
- Agencies have incorporated vision/values at admin/staff levels (yes + partially)
- Altered hiring, training to conform to vision of comp/fam centered services (yes + partial)
- Changed design hours, location of waiting/interview rooms to provide school-linked services (yes + partially)
- Training re: collaborative goals and objectives (yes + partial)
- outcomes are measurable (yes + partial)
- Shared accountability a part of outcomes reflecting goals/objectives (yes + partially)
- Community issues supported by commitments (yes + partial)

Areas of less agreement:

- Developed shared information systems
- implemented computer systems taking into account access/sharing
- Common forms developed
- Periodic community report card released
- financing strategy devised for long term funding
- Financial map drawn to ID funding sources
- Established public accountability

PARTNER Partner answering

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
school	1.00	6	20.0	20.0	20.0
Agency	2.00	20	66.7	66.7	86.7
Parent	3.00	4	13.3	13.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

POSITION Position

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Management	1.00	10	33.3	33.3	33.3
Direct Service Provi	2.00	8	26.7	26.7	60.0
Case manager	3.00	5	16.7	16.7	76.7
Other	4.00	7	23.3	23.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

YSTBRD Yst Board Member

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	21	70.0	70.0	70.0
yes	1.00	9	30.0	30.0	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

REGYST Regional Yst member

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	17	56.7	56.7	56.7
yes	1.00	12	40.0	40.0	96.7
	2.00	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases

- -

REGDHR regicnal DHR project

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	17	56.7	56.7	56.7
yes	1.00	13	43.3	43.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

TSKFRCE Task Force Affiliation

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	21	70.0	70.0	70.0
yes	1.00	9	30.0	30.0	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

INPLACE Interagency agreements in place

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	30	100.0	100.0	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

NEGOT Agency agreements negotiated

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	27	90.0	90.0	90.0
partially	2.00	3	10.0	10.0	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

BADFAITH Policies to address bad faith

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	15	50.0	50.0	50.0
partially	2.00	11	36.7	36.7	86.7
no	3.00	1	3.3	3.3	90.0
don't know	5.00	3	10.0	10.0	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

CHNGMULT info triggers policylevel changes multis

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	20	66.7	66.7	66.7
partially	2.00	9	30.0	30.0	96.7
don't know	5.00	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

INFOSYS info system in place

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	30	100.0	100.0	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

DESIGNEE can analyze info for policy action

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	26	86.7	86.7	86.7
partially	2.00	4	13.3	13.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

COLABRE procedure for collaborative review of in

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	25	83.3	83.3	83.3
partially	2.00	5	16.7	16.7	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

SHARINFO Shared information system

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	2	6.7	6.7	6.7
partially	2.00	10	33.3	33.3	40.0
no	3.00	6	20.0	20.0	60.0
under consideration	4.00	11	36.7	36.7	96.7
don't know	5.00	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

ACCESS Ready access to all records

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	1	3.3	3.3	3.3
partially	2.00	28	93.3	93.3	96.7
no	3.00	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

CONFIDEN confidentiality protocols in place

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	28	93.3	93.3	93.3
partially	2.00	2	6.7	6.7	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

COMPUTER computer systems developed for access

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	1	3.3	3.3	3.3
partially	2.00	11	36.7	36.7	40.0
no	3.00	2	6.7	6.7	46.7
under consideration	4.00	12	40.0	40.0	86.7
don't know	5.00	4	13.3	13.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

COMNFORM Common forms for information

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	7	23.3	23.3	23.3
partially	2.00	17	56.7	56.7	80.0
no	3.00	3	10.0	10.0	90.0
under consideration	4.00	2	6.7	6.7	96.7
don't know	5.00	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

REPORTS community report card given

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	3	10.0	10.0	10.0
partially	2.00	12	40.0	40.0	50.0
no	3.00	11	36.7	36.7	86.7
under consideration	4.00	1	3.3	3.3	90.0
don't know	5.00	3	10.0	10.0	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

FINANCE collaborative finance strategy

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	1	3.3	3.3	3.3
partially	2.00	25	83.3	83.3	86.7
no	3.00	2	6.7	6.7	93.3
under consideration	4.00	1	3.3	3.3	96.7
don't know	5.00	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

NEWSERV New service beyond prototype

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	26	86.7	86.7	86.7
partially	2.00	2	6.7	6.7	93.3
don't know	5.00	2	6.7	6.7	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

MAP$ Financial map developed

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	8	26.7	26.7	26.7
partially	2.00	8	26.7	26.7	53.3
no	3.00	4	13.3	13.3	66.7
under consideration	4.00	2	6.7	6.7	73.3
don't know	5.00	8	26.7	26.7	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

STATE$ contacted state re $ maximizing

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	29	96.7	96.7	96.7
partially	2.00	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

LEGIT legitimacy in community

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	19	63.3	63.3	63.3
partially	2.00	11	36.7	36.7	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

HEARD voice heard in community

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	25	83.3	83.3	83.3
partially	2.00	5	16.7	16.7	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

SUPPORT community support for postions

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	5	16.7	16.7	16.7
partially	2.00	23	76.7	76.7	93.3
no	3.00	1	3.3	3.3	96.7
under consideration	4.00	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

VISION incorporated vision at all levels

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	7	23.3	23.3	23.3
partially	2.00	20	66.7	66.7	90.0
under consideration	4.00	1	3.3	3.3	93.3
don't know	5.00	2	6.7	6.7	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

CHANGES1 change to family centered

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	15	50.0	50.0	50.0
partially	2.00	12	40.0	40.0	90.0
don't know	5.00	3	10.0	10.0	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

CHANGES2 changes in hours, program design

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	27	90.0	90.0	90.0
partially	2.00	2	6.7	6.7	96.7
no	3.00	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

TRAINING cross-training among agencies

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	29	96.7	96.7	96.7
partially	2.00	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

TRAIN2 training re: collaborate together

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	11	36.7	36.7	36.7
partially	2.00	17	56.7	56.7	93.3
don't know	5.00	2	6.7	6.7	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

RELATE change in school/student relations

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	28	93.3	93.3	93.3
partially	2.00	2	6.7	6.7	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

INTOUCH staff in touch with policies/agencies

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	23	76.7	76.7	76.7
partially	2.00	7	23.3	23.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

WHOSERVE agreement on who is served

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	13	43.3	43.3	43.3
partially	2.00	17	56.7	56.7	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

OUTCOMES outcome goals established

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	8	26.7	26.7	26.7
partially	2.00	22	73.3	73.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

DOCUMENT documentation of how well meeting mandat

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	17	56.7	56.7	56.7
partially	2.00	13	43.3	43.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

STRATEGY strategic use of data re goals

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	23	76.7	76.7	76.7
partially	2.00	7	23.3	23.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

OUTCOME2 Measurable outcomes

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	6	20.0	20.0	20.0
partially	2.00	21	70.0	70.0	90.0
no	3.00	3	10.0	10.0	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

- -

ACCOUNT shared accountability

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	10	33.3	33.3	33.3
partially	2.00	18	60.0	60.0	93.3
no	3.00	1	3.3	3.3	96.7
under consideration	4.00	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

PUBACNT public accountability established

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	2	6.7	6.7	6.7
partially	2.00	20	66.7	66.7	73.3
no	3.00	2	6.7	6.7	80.0
under consideration	4.00	1	3.3	3.3	83.3
don't know	5.00	5	16.7	16.7	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

SECTION IX. PROJECT IMPACT

A. PRODUCTS

A Youth Services Team Manual was developed which thoroughly discusses the YST process, roles and responsibilities of YST members, how to be inviting to parents during the meeting process, etc. This manual has been, and will continue to be utilized to orient new school and agency staff to the YST model.

The YST Brochure was revised to reflect the move to a family-focused rather than a child focused model.

A Linn County Interagency Youth Services Board Manual is available which includes the interagency agreements, by-laws, meeting agendas and minutes.

A Grant Task Force Notebook is available which includes its purpose, membership, meeting agendas and minutes.

A Project Evaluation Notebood is available which contains all developed evaluation instruments and the results obtained to measure project outcomes.

All documentation on the YST trainings is available and inclues agendas, recommendations for system improvements and evaluation results of the trainings.

A Linn County Service Integration Steering Committee Manual is available which includes the following: membership; by-laws; mission statement and guiding beliefs; application process for regional integration sites; consumer survey on identifying health and social service needs; meeting agendas and minutes; and the service integration plans for each region and their corresponding evaluation results.

A report to the Office of Medical Assistance Programs was developed which outlines all of the procedures that were carried out in developing a claiming process for accessing federal administrative Medicaid funds.

A video was produced by one of the Family Service Consultants which is designed for parents to view so that they understand the YST staffing process.

An eleven minute video of a parent who had received YST and Family Coordination Services was produced to show

B. DISSEMINATION ACTIVITIES RELATED TO GOALS:

National Dissemination Activities:

1) Project Coordinator presented findings from the Linn County

Model at the Third Annual Virginia Beach Conference on "Children and Adolescents with Emotional or Behavioral Disorders: on October 5, 1993.

2) A presentation was made in Oakland, California at the Integration Conference sponsored by the National Association of Social Work in April of 1993. The presentation topic was on the Linn County Comprehensive model of education and support for children with emotional/behavioral disabilities and their families.

3) The Linn County model was presented at the National Conference on Family Support through the Research and Training Center in April of 1994. Family Service Coordinators, parent representatives and YST representatives were part of this panel presentation.

4) On 11-5-94 and 11-6-94, two professors from Boise State College visited project staff and observed two regional YST meetings. They wanted to gather information about how we involved parents in the interagency planning process. They had developed a similar YST process in their area but couldn't see how parents could be included.

5) The Project Coordinator spent a day with Cindy Bozio from the University of Kansas to discuss our model and give her information on our service integration efforts.

Statewide Dissemination Activities:

1) A presentation on the Linn County Model and the ESD's role in leading interagency collaboration was made in June of 1993 at the Oregon Association of ESD's in Bend, Oregon.

2) Our model was written up and distributed by the Oregon State University at their state-wide conference on Service Integration in June of 1993.

3) On 2-7-94 the Project Coordinator made a presentation to the Confederation of Oregon School Administrators on the Linn County Model.

4) On 2-12-94 the Project Coordinator and one of the parent representatives on our Advisory Board made an Ed-Net teleconference presentation on Family Support and how the Linn County Project is involving parents in planning, service delivery and service evaluation. This teleconference will be broadcast all over the state.

5) On 2-23-94, the Project Coordinator and 7 members of the regional integration projects made a panel presentation at the Statewide Service Integration Networking Conference in Portland.

6) The ESD representative participating in the Oregon Department of Education's Cadre training presented information about the YST to the University of Oregon trainers and fifteen Cadre' members representing school districts around the State of Oregon on March 29, 1994.

7) A Behavior Management Coordinator presented at the ACLD Conference on Behavioral Adaptations for At-Risk Students. Pro social skills, CARE Teams and YSTs were detailed.

8) On 11-7-94 a Family Service Coordinator, Behavior Management Coordinator and a parent representative presented at the 4th annual statewide "Strategies for Including All Students" conference.

9) On January 11, 1995 the Project Coordinator made a presentation of the Linn model at the Statewide Service Integration Networking Conference. A major focus of this presentation was on Program Evaluation.

10) On 9-22-94, the Project Coordinator made a presentation to representatives from the ESDs around the state on our Linn county project.

Local Dissemination Activities:

1) A representative of the Jackson County Department of Human Resources attended the Sweet Home YST during December of 1994. She was particularly interested in having the parents attend the staffing. Project staff conducted a workshop in this county in March of 95 so that they could implement the Linn County YST model.

2) Between Sept and December of 1994, trainings were held with Lincoln County staff on the YST model. As a result, 2 regional YSTs were started in January 1995.

3) One of our project's graduate social work students presented the philosophy and progress of the Linn County Project at the Oregon State University in November of 1994.

4) The project was presented at Oregon State University on May 5, 1994.

5) In October of 1994, the Project Coordinator met with staff from Western Oregon State University to discuss the project and to discuss pre-service training needs for counselors and educators.

6) Two FSCs presented the YST model to Coos County representatives from social services agencies, law enforcement and schools in March, 1995.

C. PUBLICATIONS RELATED TO THE GOAL:

Our Linn County Project was featured as a model program in the U.S. General Accounting Office's booklet on Service Integration. This booklet was distributed nationally in March of 94.

In the November 1994 and March 95 issues of The Bridge, the Linn County Projects Service Integration efforts were featured. This publication is disseminated to all ESDs across the state.

Various local YSTs were featured in local newspapers over the course of the grant period. This was a way of providing information about the teams to the local communities.

D. IMPLICATIONS OF FINDINGS

The following conclusions have been reached as a result of our experience and effort to design and implement a comprehensive model of education and support for children with emotional and behavioral disorders and their families. Presentation of findings have been organized into five areas related to major components of the model. These areas include:

a) Structure and process for systems change planning;
b) Structure and process for developing Family Service Plans;
c) Developing a system of follow-up and coordination of services;
d) Enhancing the school environment to achieve positive student outcomes; and
e) Movement to a family-driven system.

STRUCTURE AND PROCESS FOR SYSTEMS CHANGE PLANNING

Our model utilizes a three-tiered structure for systems change planning. The Advisory Board, composed of agency directors, school superintendents and parent representatives is primarily responsible for committing resources to the project, linking with other local and state planning processes and developing policy related to system improvements. The regional Youth Service Teams, composed of direct service providers, school staff, and parent representatives, are responsible for developing plans to meet family needs; providing services related to those plans; documenting system problems and gaps in service delivery; and making system improvement recommendations to the Advisory Board. The Grant Task Force provides the third tier of our planning structure. It consists of parent representatives, members of the

Advisory Board and members from each of the regional Youth Service Teams. A number of findings have resulted through our experience in systems change planning.

- Systems change must occur from the bottom up and from the top down. What goes on has to happen as a combination of local action, as well as action at the county, state and federal levels.

- Rather than viewing systems change in terms of top-down or bottom up, we have found it more beneficial to think of it in a holistic fashion, where life experience information of those in the target population is incorporated into the process where decisions are made about services and service delivery.

- Through experimenting with a single change agent and then a group assigned with change agent responsibility, we found that the group strategy was much more effective. There are too many concurrent processes going on in the service delivery system for one person to oversee. By assigning responsibility for systems change to a single agent, there is increased risk that the agency who provides the change agent comes to be viewed as owning the collaborative process.

- Combining administrators, direct service providers and parents together in a planning process provided the most effective system change impetus. We initially assigned system change responsibility to the Advisory Board at the administrative level. We found it too large, too cumbersome and too removed from information about how children and families experience the service delivery system. To alleviate this difficulty, we created a task force which analyzed information collected across multiple systems and identified barriers that could be resolved by policy-level actions. The recommendations were then presented to the Advisory Board for action.

- Of critical importance is a method for collecting information on a case-by-case basis to determine what services children and families need that are not available and what barriers prevent them from using the services that are available such as transportation, cultural and interpersonal issues, eligibility rules. etc. We developed two methods for collecting this case-specific information. Each Family Service Plan developed by the team includes identification of unmet needs. In addition, the Family Service Coordinators document barriers to services and unmet family needs. This information is reported to and subsequently acted upon by the Grant Task Force and the Advisory Board.

- It is important to create a model of shared leadership and governance. Factors that helped create this model included developing a shared vision, decision-making by consensus,

voting on a new chair for the Advisory Board and new regional team facilitators each year, rotating the superintendents who participate on the Task Force and the Advisory Board, encouraging regional teams to do their own goal-setting and problem-solving, and encouraging all participants to identify agenda items for discussion.

- Developing a community shared vision that is based on positive child and family outcomes is critical to the collaborative process. Without a shared vision, participants revert to focusing on their own agency needs and interests, especially in times of severe funding shortages.

- Linkages with other local and state planning efforts maximizes positive project outcomes. Our project's linkages with numerous other planning efforts has resulted in sharing resources across projects and in our incorporating other child and family initiatives into our project to access additional funding. These linkages have allowed us to gain legitimacy in the community and in the state as a leader in addressing and resolving community issues regarding children and families.

- Interagency training is an effective way participants can reap and build the benefits of collaboration. Establishing a shared training agenda improves front line service delivery by building a network of service providers who know each other and know how to maximize each other's services and resources.

- In terms of a developmental sequence, systems change begins with a fundamental change in how participants begin to see the delivery system, and how they learn to recognize bureaucratic boundaries and biases that create barriers to system improvements.

- Adding parent representatives to the Advisory Board at the administrative level greatly enhances efforts to improve service delivery. Giving those parent representatives support and encouragement to be a strong voice in policy development and decision-making is an important part of this process. Each agenda for our Advisory Board includes a 20-minute segment where the parent representatives train the administrators on a topic of the parents' choice. For example, the parents provided one training segment on the term "dysfunctional families" and how that term is experienced by families. Since that training occurred over three years ago, not once has the term "dysfunctional family" been used by any of the administrators!

- Confidentiality issues can best be addressed by the following: a) developing mutual trust among members; b) developing an interagency agreement to clarify the purpose of the group and

how it will operate; c) obtaining "informed consent" from parents prior to discussion of family situations; and d) having clear procedures for handling situations where the parents cannot be located or refuse to give permission for the exchange of information. Our experience over time consistently suggests that when the participants trust one another, they find a way to share the information needed to serve children and families. In the absence of trust, participants tend to withhold information, even though consent is obtained.

- Once a strong working alliance is established between agencies, schools, and parents, it paves the way for additional collaborative efforts and pooling of resources which further enhance the service delivery system for children and families. For instance, in a cooperative effort schools, agencies and parents in the YST regions in Linn County developed five programs which integrate health and social services at school sites, which are funded through DHR Federal Medicaid dollars. Each of these programs was designed with broad-based community input in order to serve the unique needs of the children and families in their region. This service integration effort was expanded to include Lincoln and Benton counties, for a total of 11 programs. Further revenue generated by these programs, whose goal is to increase access to health care, may provide a source of future funding for family service coordination, as well as to allow its expansion into Lincoln and Benton counties.

INTERAGENCY STRUCTURE FOR DEVELOPING FAMILY SERVICE PLANS

Our model utilizes five regionalized interagency Youth Service Teams to develop Family Service Plans for those children and families referred. While the Advisory Board commits resources to the teams, each team maintains overall responsibility for how their team functions. With five teams operating somewhat differently in terms of their process, we have been able to generate the following preliminary findings; some which are applicable across teams and some based on comparing the differences between how the teams function.

- Teams responsible for developing Family Service Plans need access to a flexible pool of funds and donated services so that plans can be developed based on family needs rather than on service availability.

- Including parents in the team process to develop a Family Service Plan greatly improves the likelihood that the plan will meet family needs, the family will buy into the plan and the plan will be followed through with. While all parents are encouraged to participate in the planning process, some provide consent but do not come to the team meeting. Our

findings indicate that when parents do not participate in the meeting, plans are often developed to meet school and agency perceptions of the problem and fail to adequately address family needs. We have also noted that teams often may revert back to developing plans from a deficit perspective rather than from a strength's perspective when parents are not active participants in the process.

- The regional teams that function most effectively are those that have a strong sense of local control. Three of the five teams each serve one large school district. In those teams, meetings occur in one location and ownership is experienced by all schools and agency representatives in a shared way. Two of the teams combine several school districts into one regional team process. These teams hold their meetings in alternating school district locations, rotate team facilitation responsibilities and do not experience a sense of local control or a sense of community. Attendance is sporadic by some team members and school staff and problems sometimes arise in terms of getting referrals to the team.

- Teams that include team-building and group maintenance activities into their process develop a stronger sense of community, are more creative in developing family plans based on needs, and are more willing to operate outside of strict agency limitations and boundaries.

- In order to increase the ability of teams to develop Family service plans within efficiently, within 20-30 minutes, a variety of processes have been effective. It is very important to adequately prepare parents and referral sources on the YST process, including what to expect during the meetings and how to prepare relevant information ahead of time. Assigning a member of the team responsibility for time-keeping has also assisted in operating within the proposed time frame. Providing training on effective group facilitation strategies has also proved valuable.

- Developing written guidelines which clarify roles, responsibilities and team procedures enhances team functioning. Prior to developing and providing training on our YST Manual, a number of complaints occurred related to members not coming to meetings prepared with necessary information, team members not showing up for meetings, etc. These complaints and frustrations have been greatly reduced since roles and responsibilities have been outlined and mutually agreed upon.

- Obtaining administrative sanction for service providers on teams to provide services based on family needs rather than operating within strict bureaucratic structures has assisted in closing service system gaps. In other words, front-line

workers need to be given administrative authority to do what ever is necessary.

DEVELOPING A SYSTEM OF FOLLOW UP AND COORDINATION OF SERVICES

Our model includes three options for service coordination: leadership of the team providing services to the family; agency case management responsibility; and intensive family service coordination. These options progress in level of service intensity based on family needs. The following findings have resulted from our experience with service coordination.

- Services for children and parents are most effective when there is constant communication and continuity of programming between and among parents and all service providers. Our experience indicated that prior to setting up a system of coordination, parents were often left out of the communication lines, were often given contradictory messages from service providers and, even though many service providers were all working with the same family, none of them assumed a leadership role in working with the family from a holistic perspective.

- Overall, the role of the Family Service Coordinators has been identified by parents surveyed as the most important service offered. Family Service Coordinators provide the glue that keeps the plans operational and flexible to meet family needs. Parents who received these services for a three month period showed an increase in empowerment to meet the needs of their children by the end of the three month period.

- Family Service Coordination is best achieved by being flexible around family situations (ie. meeting in family homes, meeting at times convenient for family members such as in the evening, etc.)

- Family Service Coordination usually begins with a high level of services to develop relationships and begin linking families to needed resources. Once relationships are built and linkages are made, the level of coordination needed usually decreases. Our experience is consistent with research which indicates that three months seems to be the period of time that case management provides the most benefit. There appear to be significant diminishing returns after that.

- There will never be enough money available to assign a Family Service Coordinator to all families who have children at risk of developing or who are identified as having an emotional or behavioral disability. It is necessary, therefore, to develop a system of service coordination that progresses from

communication to more intense levels of service coordination, based on family need.

- Each Family Service Plan developed should identify who will be responsible for taking on the leadership role with the service providers involved. Coordination and follow-up responsibilities should be written as part of the plan. Our experience indicates that without someone taking the leadership role, the plan of services breaks down as soon as any changes occur.

- Agency service providers have been more willing to volunteer to take on the case management function since they have experienced Family Service Coordinators taking on that role for some time.

- As parents are empowered and able to get their own needs met, they are more available to take on an advocacy role for other families. As this phenomenon occurs, the need for intensive family service coordination decreases.

- Family Service Coordination goes beyond creating linkages between families and service providers. It requires nurturing and empowering families.

ENHANCING THE SCHOOL ENVIRONMENT TO ACHIEVE POSITIVE STUDENT OUTCOMES

An important goal of the project was to encourage change in the school environment in a direction which would promote greater success for children with EBD. Objectives included developing an early screening process for children at risk of developing EBD, improving the quality of IEPs around behavioral and emotional problems, promoting best practice regarding the reintegration of children returning to regular classroom settings from self-contained classrooms, encouraging greater recognition and support of staff working with children with EBD, and assisting with a process for inter-district sharing of resources.

In spite of our best intentions, there were multiple state-wide legislative changes which resulted in a decline in the number of school resources and programs available for identifying and providing programs and support for children with emotional and behavioral problems. The Oregon Department of Education passed school consolidation legislation, with the largest consolidation taking place in our county, which resulted in incredible stress for staff and administrators. At the same time, the State of Oregon has been in the process of a property tax reduction measure which significantly reduced the funding base for schools and resulted in a corresponding loss of staff members, including many counselors and special-ed staff. In the name of budget reductions and implementation of the "inclusion model," some districts eliminated

self-contained programs without an adequate number of staff and resources in place to encourage children's success in a regular classroom. These situations sabotaged any motivation the districts might have had for identifying students, since there were minimal programs and services left in place for them.

In sum, while the grant project succeeded in making significant system changes in many of the components within the comprehensive model, the project did not succeed in making meaningful changes focused on the school environment. The political climate surrounding the grant project did not lend itself toward much movement by school systems in the direction of better educational outcomes for children with EBD. It takes a tremendous amount of staff time and energy to work with the challenges these children present in the process of adapting to the school environment. When faced with significant changes including consolidations, staff reduction and school reform it is not easy to generate staff interest and energy for additional changes which may benefit only a small number of their students. In spite of this, the grant process has resulted in our becoming familiar with new curriculum and programs for children with EBD that we can share with districts when the wave of such dramatic change has settled.

MOVEMENT TO A FAMILY-DRIVEN SYSTEM

At the time of our Phase I application three years ago, parent involvement in our service delivery system only occurred to the extent that parents were asked to give their consent for their child to be staffed at a regional Youth Service Team. Parents are now involved in all aspects of planning, service delivery and evaluation of services. In the process of increasing parent involvement throughout our system we have drawn the following conclusions.

- The more parent involvement and participation there is in planning, implementation and evaluation of services, the more effective the service delivery model will be. Of all the system improvements we have made, increasing parent involvement enhanced the effectiveness of the model the most meaningfully.

- Movement to a family driven system occurs developmentally, over time. Progressing from a system which almost totally excludes parents to one in which parents become the strongest voice in how services are designed and delivered requires changes in policy and procedures, changes in attitudes, changes in the way people view the delivery system and in the way the system's performance is evaluated. All of these changes take time, especially changes in attitudes.

- If setting up a new board to oversee the planning, implementation and evaluation of a comprehensive model to serve children and families, it would be advisable to begin with adequate parent representation on the board. If a current board already exists, obtaining agreement from the current board to expand membership to include parent representatives will be the first step. In our experience, there was some resistance by board members to include parents. A strategy we used in this situation was to suggest that nominations of parents be made by school and agency staff and that a subcommittee of the board would select two parent representatives.

- Adding parent representation in the process to plan services is only the first step towards becoming a family driven system. Empowering those parents to become a strong voice in the process necessitates providing adequate support to them so that they feel confident in advocating for services. Strategies that assisted in this area included the following: linking the parent representatives with the Oregon Family Support Network; setting up periodic meetings between the parent representatives and the Family Service Coordinators for encouragement and support; paying parent representatives for the services they provided at all Board meetings; linking parents with training opportunities related to advocacy, policy-making and parent support; initiating an ongoing process where the parent representatives, at each board meeting, make a twenty-minute presentation on a topic of their choice to provide training to the board on parents' perspective; and utilizing parents as trainers in various school, agency and team settings.

- Parent participation in an interagency staffing process to develop a plan for their child is critical. Our initial YST staffing process did not include parents. It isn't surprising that plans developed were often not followed through with. Changing the process to always include inviting and encouraging parents to participate in the YST staffing occurred gradually. Each of the regional teams was somewhat resistant to the concept initially. Two teams began inviting parents and the increased effectiveness of the staffing process became overwhelmingly evident. Gradually, as the other teams learned about the positive experiences of those teams who included parents, all YSTs changed their practices. Including parents in this staffing process led the teams to change their focus to developing family service plans instead of child plans, and parents were encouraged to invite others they would like to have at the meetings.

- Adding parent representatives as permanent members of each of the regional teams results in increased parent support and team effectiveness. The focus of the parent representatives

is to support parents during the meeting process and to assist in developing plans from a parent's perspective. The major barrier that had to be overcome with regard to adding parents to the teams was in relation to confidentiality and liability issues that were raised. All other team members were attached to schools or agencies but the parent representatives would be on their own. Two strategies were utilized to overcome this barrier. Parent representatives went through the intake process for Oregon's Volunteer Services. This intake included a four hour training on confidentiality and a police check. Subsequently, these parent representatives were attached to Volunteer Services as their umbrella agency. In addition, "parent representative through Volunteer Services" was added to the parent release of information form, along with the other team members.

Movement to a family driven system requires a change in attitude for some service providers. Some are accustomed to blaming parents rather than seeing them as resources. With this attitude, it becomes understandable that there would be some resistance to including parents in all aspects of the service delivery process. We began including parents before the change in attitude took place. If we had waited until everyone agreed that parents should be included, we would probably still be sitting around the table in discussion. We recommend that people interested in designing a comprehensive system do whatever it takes to get parents included. Once they are on board, the benefits will gradually result in attitude changes by those who view parents from a deficit perspective. An additional strategy we used to address attitude change is to provide "Parents as Allies" training in which parents are paired up with school and agency personnel for joint training designed to increase awareness and appreciation of each others perspectives.

SECTION X. ACCESSING FURTHER INFORMATION

Specific references that were used throughout our grant project are listed in the reference section of this document. These references relate to and/or support our system of care model.

Our final report will be sent to the Educational Resources Information Center (ERIC). If accepted, our document will be delivered to 1,000 ERIC microfiche collections worldwide. It will also be announced to the 1,100 organizations who subscribe to Resources in Education (RIE).

Our research coordinator, Richard Hunter, from Portland State University's Research and Training Center on Family Support and Children's Mental Health has a copy of the original grant proposal and final report. Mr. Hunter is interested in co-authoring some peer review articles in relevant professional education and social work journals with us on our project model and results, which is currently in the planning phase.

We have also met with the staff from University of Florida's Research and Training Center for Children's Mental Health. They are interested in our project and a copy of the final report in its entirety will be sent to them. Contact number at the Center is (813) 974-4661.

SECTION XI. REFERENCES

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SECTION XIII. APPENDICES

I. Child Health Services Administrative Activity 94-95

II. Time Study Log Sheet 95-96

III. Student and Family Profile Information

IV. Service Fit questionaire

A. Service Fit Interview for Control Group

V. Perceptions of Child Progress Scale

VI. Self Assessment by Student

VII. Youth Satisfaction Questionaire

VIII. Family Viewpoint Scale

IX. YST Consumer Survey\

X. Parent Questionaire

XI. Evaluation of Family Service Coordination

XII. Behavior Management Consultation Program Evaluation

XIII. Indicators of System Change Survey

CHILD HEALTH SERVICES ADMINISTRATIVE ACTIVITY 94 - 95

Name_____

Position_____ Elem ☐ Middle ☐ High ☐

School_____ District_____

Given your job activities over the course of a contract year, estimate the percentage of time you spend engaging in activities in Categories A, B and C The total of all should equal 100% of your time.

Category A - Referral, Case Planning and Coordination Activities

Referrals and Coordination: Making referrals for and coordinating the delivery of screenings, examinations, assessments and evaluations for health, vision, hearing, dental, developmental, mental health, substance abuse and/or special education; i.e. gathering background information and supportive data such as social history, classroom observations, and medical history, arranging for transportation, contact to parents regarding health needs of child, related travel and paperwork

☐ Yes ☐ No If yes, _____ %

Immunizations: i.e. Notifying parents of immunization requirements, scheduling immunizations, recruiting providers to do immunizations and helping them become Medicaid providers, assessing immunization status, arranging transportation, related paperwork and travel

☐ Yes ☐ No If yes, _____ %

Case Planning: Planning, coordination and monitoring case plans for vulnerable children including: any school or school/agency staffing to coordinate and plan services (i.e. IEP planning, YST meetings, Teacher Assistance Teams, etc.); arranging for services; writing case plans or summaries; preparing materials for case reviews; coordinating child specific services (i.e. psychological services, health, substance abuse, arranging transportation); related travel and paperwork. This category does not include academic planning which would be covered under Category C.

☐ Yes ☐ No If yes, _____ %

Maternal Care Services: i.e. Arranging for prenatal, postpartum, and newborn care, pre-pregnancy risk prevention coordinating, health education for new mothers regarding infant health and development, accident prevention and disease prevention, arranging transportation, related travel and paperwork

☐ Yes ☐ No If yes, _____ %

Nutrition Services: i.e. Information and access to food assistance programs like: WIC, reduced breakfast or lunch programs, food stamps, food banks, etc., arranging transportation, arranging or coordinating nutrition education for a student, arranging dietary counseling, overseeing weight loss nutrition plan

☐ Yes ☐ No If yes, _____ %

Health Education: i.e. Assisting parents to understand child's development, coordinating school health education programs (substance abuse, child development, etc.), preparing and disseminating health education materials, classroom presentations on health related topics (this does not include teaching health classes at school), arranging transportation to school and community health education programs, related transportation and paperwork

☐ Yes ☐ No If yes, _____ %

Interagency Coordination: Working with other agencies to improve services, expand services and their utilization to specific target populations, gathering information about their functions, to improve early identification of health problems, including paperwork and related travel

☐ Yes ☐ No If yes, _____ %

Family Planning: Developing a family planning, education, counseling and service program compatible with community norms. Locating or developing family planning information and materials and methods of distribution. Developing a family planning service referral network.

☐ Yes ☐ No If yes, _____ %

Total Category A _____ %

Category B - Outreach Activities to Inform Families About Health Services and Benefits

Meetings, home visits or phone contacts to explore family access to health care and to inform families about state programs to pay for medical care (i.e. Oregon Health Plan, Well-Child Programs, etc.)

☐ Yes ☐ No If yes, ____ %

Travel and paperwork related to outreach activities.

☐ Yes ☐ No If yes, ____ %

Creating or dissemination materials to inform children and families about the Oregon Health Plan and health benefits available.

☐ Yes ☐ No If yes, ____ %

Helping a child and family in determining and establishing Oregon Health Plan eligibility (i.e. collecting information for the Oregon Health Plan application, helping complete necessary forms for the Oregon Health Plan application, updating any forms when child's circumstances change.

☐ Yes ☐ No If yes, ____ %

Total Category B _____ %

Category C - All Job Activities Other Than A & B

Educational, Service or Job Activities and Provision of Direct Health Care: (Providing direct care, service or treatment to a child in order to correct a condition. i.e. primary health care, speech, occupational or physical therapy, screening like: vision, hearing, or counseling)

Total Category C _____ %

If you have a special assignment within your job classification that would make the percentages in category A or B high, please describe your special assignment.

_____
_____
_____
_____

Total for Category A ____%

Total for Category B ____%

Total for Category C ____%

100%

_____
Employee Signature

TIME STUDY LOG SHEET

APPENDIX II

NAME _____ POSITION _____ BUILDING _____

DISTRICT _____ DATE _____ NUMBER OF HOURS WORKED EACH DAY _____

SIGNATURE _____

Instructions: Make a mark under *one* administrative code for each 15 minute segment of your regular work day, beginning with your starting time. Use the code which describes what you were doing for the majority of that interval. The log should not include work that you do on your own time unless it is a staffing or IEP conference that extends beyond your regular work hours.

	A Educational Services	*B* Discipline/ Supervision	*C* Admin & Overhead	*D* Outreach/ Health	*E* Planning/ Coordination	*F* Indirect Wellness	*G* Direct Health	*H* Other
7:00-7:15								
7:15-7:30								
7:30-7:45								
7:45-8:00								
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4:30-4:45								
4:45-5:00								
5:00-5:15								
5:15-5:30								
5:30-5:45								
5:45-6:00								
TOTALS								

Definiton of codes on reverse

Code Options:

A. EDUCATIONAL SERVICES - Classroom instruction, lesson plans, correcting papers, scheduling field trips, report cards/conferences

B. DISCIPLINE/SUPERVISION - Discipline activities, playground/lunchroom supervision, staff supervision

C. GENERAL ADMINISTRATION AND OVERHEAD - Lunch, breaks, leave, staff meetings, reviewing rules/policies

D. OUTREACH TO CHILDREN AND FAMILIES TO ACCESS HEALTH BENEFITS - Contacts to explore family access to health care and to inform them about state programs to pay for medical care (i.e. **Oregon Health Plan** (OHP), Well-Child Programs, etc.), disseminating materials about OHP, assisting families in becoming eligible for the OHP, related travel and paperwork.

E. CASE PLANNING/REFERRAL/INTERAGENCY COORDINATION -

Case Planning: Planning, coordination and monitoring case plans for vulnerable children including, staffings to coordinate and plan services (i.e. IEP planning, YST meetings, Teacher Assistance Team meetings), writing case plans or summaries, preparing materials for case reviews

Referral: Contact to parents regarding health needs of child, related travel and paperwork, making referrals for and coordinating the delivery of screenings, exams, assessments, evaluations and other medical or nutrition services, gathering background information and support data such as social history, classroom observations, and medical history, arranging transportation

Interagency Coordination: Working with other agencies to improve and expand health and medical services to specific target populations, related travel and paperwork.

F. INDIRECT WELLNESS SERVICES -

Immunizations: Notifying parents of requirements, scheduling, arranging transportation, recruiting providers, completing paperwork and related travel.

Maternal Care: Arranging for prenatal, postpartum, and newborn care, pre-pregnancy risk prevention coordination, health educ. for new mothers regarding infant health and development, accident/disease prevention, arranging transportation, related travel and papework.

Other Wellness Activities: Disseminating preventative health care information and materials, programs and presentations on preventative health care related topics such as substance abuse prevention programs (this does not include teaching health classes at school), related transportation and paperwork

Family Planning: Developing a family planning, education, counseling and service program, locating or developing family planning information and materials, developing a family planning service referral network.

G. DIRECT HEALTH CARE SERVICES - Providing direct care, service or treatment to a child in order to correct a condition, (i.e. primary health care, speech, OT, PT, counseling, or providing screenings such as vision or hearing.

H. OTHER SERVICES - All other job-related activities that do not fall under one of the above categories.

STUDENT AND FAMILY PROFILE INFORMATION

INTAKE INFORMATION: STUDENT

CONSULTANT: _ _

NAME: _____ (Last name and first initial)

SEX: _ (M OR F)

AGE: _ _

GRADE: _ _

YST Stf Date: _ _ /_ _ / _ _

Initial Contact Date: _ _/ _ _/ _ _

Special Education Identification
- S __ SED
- L __ LD
- E __ Evaluation Process
- O __ Other
- N __ No Special Education

Length of Educational Program
- F __ Full Day
- R __ Reduced Day
- H __ Home School
- N __ Not in School
- T __ Tutoring only

School Placement
- N __ Normal or Regular Classroom
- S __ SED Program
- R __ Resource Room
- C __ Combined Regular and Special Education
- A __ Alternative Education Program
- D __ Disconnected From School

Previous Out-of-Home Placement:
- 1 __ Yes
- 0 __ No

Student Risk Factors:
- A __ Academic Problems
- O __ Out of Control Behavior
- F __ Frequent Suspension/Expulsion
- T __ School Truancy
- D __ Drug and Alcohol

L __ Law Violations
R __ Chronic Runaway (> 3 priors)
P __ Physically Abused (reported)
S __ Sexually Abused (reported)
X __ Suicide Attempt (s) (x for a cross)
H __ Previous Psychiatric Hospitalization

Dangerousness:
A __ Sexually Abusive (adjudicated)
F __ Previous Felony Conviction
O __ Dangerous to Others
S __ Dangerous to Self

INTAKE INFORMATION: FAMILY PROFILE

Total Number of Persons living in household _ _

Status of Parent(s) living in Household
P __ 2 Parents
M __ Single Parent Mother
F __ Single Parent Father

Number of siblings in the home _ _

Number of additional people living in the home _ _

Sources of Income, (check all that apply)
E __ Employment
U __ Unemployment
A __ AFDC
I __ SSI
S __ Social Security
T __ Title XIX: Medicaid
R __ Pension/ Retirement Funds
C __ Child Support
O __ Other

Family/Setting Risk Factors: (list all that apply)
P __ Family Income Below Poverty Level
N __ Natural Parents Not Living Together
T __ Three plus Siblings
A __ Adopted
H __ Parent Psychiatric Hospitalization (previous or current)
C __ Parent Convicted of Felony (previous or current)
I __ Siblings Institutionalized (previous or current)
F __ Siblings in Foster Care (previous or current
M __ History of Family Mental Illness
V __ History of Family Violence
D __ History of Family Chemical Dependence

Agency Involvement at Intake; (list all that apply)

M __ Mental Health
J __ Juvenile Dept.
D __ Drug and Alcohol
A __ AFS
C __ CSD
L __ Law Enforcement
B __ Behavior Management
P __ Adult Probation and Parole
W __ Community Services Consortium (w= work)
G __ Family Support Group
O __ Other

Unmet Family Needs at Intake (List all that apply)

L __ Leisure/ Recreation
E __ Education
S __ Social Services
H __ Health
M __ Mental Health
R __ Housing (Residence)
V __ Vocational
F __ Support (Friend)
T __ Transportation
O __ Other

INTAKE- SERVICE FIT INTERVIEW

1. How are you related to this child? (check one)

1 __ Mother
2 __ Father
3 __ Foster Mother
4 __ Foster Father
5 __ Grandmother
6 __ Grandfather
7 __ Other

2. Is this child legally adopted?

1 __ Yes
0 __ No

9. What was the last grade your child completed? (Ask if not currently enrolled) _ _

10. What is (his/her) race? (Check one)

1 __ African-American
2 __ American Indian or Alaska Native
3 __ Asian or Pacific Islander
4 __ Hispanic
5 __ White
6 __ Other

11. Where is your child currently living?
1 __ With parent(s)
2 __ With other relatives (extended family
3 __ With foster family
4 __ Group home
5 __ Juvenile justice institution
6 __ Psychiatric hospital
7 __ Residential treatment facility
8 __ Other:

12. Who currently has legal custody of this child?
1 __ I do
2 __ The state
3 __ Other

16. What is your highest level of education?
1 __ Some high school or less
2 __ High school diploma
3 __ Business or trade school
4 __ Some college
5 __ College degree
6 __ Graduate school or graduate degree

19. What is your annual household income before taxes?
1 __ Under $10,000
2 __ $10,000 to $14,999
3 __ $15,000 to $19,999
4 __ $20,000 to $24,999
5 __ $25,000 to $34,999
6 __ $35,000 to $44,999
7 __ $45,000 to $54,999
8 __ $55,000 and up

21. How many people are you financially responsible for? _ _

22. Do you have health insurance for (Child's Name)?
1 __ Yes
0 __ No

23. Who is your health care provider? (Check one)
1 __ Blue Cross/ Blue Shield
2 __ Kaiser
3 __ Medicaid
4 __ Oregon Dental Service
5 __ Other

28. How many years old was your child when you first became aware of his/her emotional or behavior problems? _ _

29. How old was your child when you first looked for treatment?
_ _ Years

30. Has (Child's name) ever been treated with medication for this problem? (Check one)
1 __ Yes
0 __ No

31. How old was child when s/he was first given medication for this problem? _ _ years

32. Have you been given a name or diagnosis for your child's condition?
1 __ Yes
0 __ No

33. What is the most current name or diagnosis for your child's condition? (Check all that apply)

0 __ Don't know
1 __ Anxiety Disorder
2 __ Attachment Disorder
3 __ Attention-deficit Hyperactivity Disorder
4 __ Autistic Disorder
5 __ Avoidant Disorder
6 __ Bipolar Disorder
7 __ Childhood depression
8 __ Conduct Disorder
9 __ Developmental Disorder
10 __ Eating Disorder
11 __ Learning Disability
12 __ Oppositional Disorder
13 __ Schizophrenia
14 __ Tourette's Disorder
15 __ Emotional Disorder (SED)
16 __ Post Traumatic Stress Disorder
17 __ Other

34. Has your child ever had to move out of your home or had to be hospitalized because of his/'her emotional or behavior problems?
1 __ Yes
0 __ No (Stop Here)

35. How old was child when he/she first had to move out of your home? _ _ years

36. Where did your child live (Record number of times child stayed in each type of placement mentioned by the respondent.)
1 __ Relative's home
2 __ Foster Care
3 __ Group home
4 __ Shelter care
5 __ Juvenile detention center

6 __ Private hospital
7 __ State hospital
8 __ Other

37. (Ask only if child has been hospitalized.)
How many times has your child been hospitalized? _ _

38. How long in months did the child stay in each place? (Record number of months child stayed in each type of placement.)
1 __ Relative's home
2 __ Foster care
3 __ Group home
4 __ Shelter care
5 __ Juvenile detention center
6 __ Private hospital
7 __ State Hospital
8 __ Other

TERMINATION INFORMATION: **FAMILY**

Date of Termination: _ _/ _ _/ 94

Reason for Termination (one only)
G __ Goals Achieved
A __ Agency Case Management
E __ End of 3 Months
F __ Family as own Case Manager
R __ Family Requested Termination
M __ Family Moved
N __ Family Not Available for Appointments

Team Leader Assigned At Termination
N __ No Team Leader Assigned
S __ School
M __ Mental Health
J __ Juvenile Dept.
D __ Drug and Alcohol
A __ AFS
C __ CSD
B __ Behavior Management
P __ Adult Probation and Parole
W __ Community Services Consortium (w= work)
O __ Other

Agency Involvement at Termination
M __ Mental Health
J __ Juvenile Dept.
D __ Drug and Alcohol
A __ AFS
C __ CSD
L __ Law Enforcement
B __ Behavior Management

P __ Adult Probation and Parole
W __ Community Services Consortium (w= work)
G __ Family Support Group
O __ Other

Services Provided by Family Service Consultant: (check all that apply)
A __ Assessment
G __ Goal-setting
P __ Developing Comprehensive Family Service Plan
L __Linking/ Coordination
M __ Monitoring
S= Support/ Advocacy

Unmet Family Needs At Time of Termination (check all that apply)
L __ Leisure/ Recreation
E __ Education
S __ Social Services
H __ Health
M __ Mental Health
R __ Housing (Residence)
V __ Vocational
F __ Support (Friend)
T __ Transportation
O __ Other

Resources Unavailable in the Community (check all that apply)
L __ Leisure/ Recreation
E __ Education
S __ Social Services
H __ Health
M __ Mental Health
R __ Housing (Residence)
V __ Vocational
F __ Support (Friend)
T __ Transportation
O __ Other

Goals of YST Met
F __ Fully
P __ Partially
N __ Not Met
C __ Changed Based on Family Decision

Goals of Family Met
F __ Fully
P __ Partially
N __ Not Met

Service Fit Interview
1 __ Yes
0 __ No

TERMINATION INFORMATION: STUDENT

Special Education Identification if different from intake)

S __ SED
L __ LD
E __ Evaluation Process
O __ Other
N __ No Special Education

Length of Educational Program if different from intake)

F __ Full Day
R __ Reduced Day
H __ Home School
N __ Not in School
T __ Tutoring only

School Placement if different from intake)

N __ Normal or Regular Classroom
S __ SED Program
R __ Resource Room
C __ Combined Regular and Special Education
A __ Alternative Education Program
D __ Disconnected From School

Student Risk Factors at time of termination)

A __ Academic Problems
O __ Out of Control Behavior
F __ Frequent Suspension/Expulsion
T __ School Truancy
D __ Drug and Alcohol
L __ Law Violations
R __ Runaway
X __ Suicide Attempt(s) (x for a cross)
H __ Out of Home Placement

Family Code: _____

Consultant: _____

LINN-BENTON ESD YOUTH SERVICE TEAM

SERVICE FIT QUESTIONNAIRE

POST-TEST

Regional Research Institute
Portland State University
P.O. Box 751
Portland, OR 97207
503/725-4161

Education

4.2.1. (Interviewer: If child was in a regular classroom for the full day, go to question 4.2.2 and circle "Not Applicable" for 2.2.1. "Regular" means the child had nothing other than the conventional classroom.) How similar to a regular classroom was the educational setting your child was in?

Not at All___ A Little___ Some___ A Lot___ Not Applicable___

4.2.2 To what degree did your child's education setting make her/him feel different or isolated from her/his peers?

Not at All ___ A Little___ Some___ A Lot___

Family Centered

The next set of questions is about how "family centered" your child's activities and services were. When services are "family centered," it means that family members, particularly parents, are involved as much as they want to be and are able to be in the planning and delivery of their child's services. "Family centered" decisions consider the needs of the whole family. Decisions are jointly made by professionals and family members. Examples include arranging meetings or activities which consider your schedules and asking for your help when developing the service plan for your child.

5.1 Since being referred to the Youth Services Team, have you been invited to a meeting with people from the various agencies involved in your child's care?

Yes___ No___ (Go to 5.5)

5.2 Did you attend such a meeting?

Yes___(Go to 5.3) No___ (Go to 5.4)

5.3 How many meetings of this kind did you attend in the last 6 months?

_____ (Go to 5.5)

5.4 If you didn't attend any such meeting, why not?

_____

_____

_____

5.5 Other than meetings, in what ways were you involved in planning for your child's care?

___Telephone conversations with service providers
___Home visits made by service providers
___Other types of meetings with service providers
___Parent-teacher conference
___Requesting information
___Other ways you were involved (specify):_____

_____

5.6 Was there a single service plan for your child which included all the services she/he was involved in?
Yes___ No___ Don't Know___

5.7 Which agencies, schools, or providers had plans for your child? (list below. If child had more than one, ask respondent to identify the "primary" plan. Write this on "primary" line.)

_____ _____
_____ _____
_____ Primary:_____

Please answer these next questions with the primary plan in mind.

5.8 Was a written plan developed?
Yes___ No___ Don't Know___

5.9 Were you asked to "sign off" on the plan?
Yes___ No___ Don't Know___

For these questions, please use the little white card, even though at times the answers won't make sense grammatically.

5.10 To what extent were you involved in developing the plan?
Not at All___ A Little___ Some___ A Lot___

5.11 To what extent was your child's progress discussed?
Not at All___ A Little___ Some___ A Lot___

5.12 Did the others understand your child's situation?
Not at All___ A Little___ Some___ A Lot___

5.13 Was enough time given for decisions about your child?
Not at All___ A Little___ Some___ A Lot___

5.14 Were your ideas valued by those planning services for your child?
Not at All___ A Little___ Some___ A Lot___

5.15 Did the professionals involved show concern for you and your family?
Not at All___ A Little___ Some___ A Lot___

5.16 Was there a role for you in carrying out the plan?
Not at All___ A Little___ Some___ A Lot___

5.17 How much did you agree with the plan?
Not at All___ A Little___ Some___ A Lot___

5.18 How much do you feel the needs of your whole family were considered in planning the activities and services your child was involved in?
Not at All___ A Little___ Some___ A Lot___

5.19 How much were you able to influence the activities and services your child was involved in?
Not at All___ A Little___ Some___ A Lot___

Protection of Child's Rights

This section is about what extent your child's rights were protected since being referred to the Youth Services Team. You will mostly use the white card for your answers.

7.1 Was all information about your child's participation in the activities and services she/he received kept confidential (except when you gave written consent for this information to be shared with others)?

Yes___ No___ Don't Know___

7.2 Were you told of your right to refuse any of the services that make up your child's service plan?

Yes___ No___ Don't Know___

7.3 Were you asked to sign a form consenting to receive services?

Yes___ No___ Don't Know___

7.4 Did any grievance or review procedures exist in case you or your child were not happy with activities or services she/he received?

Yes___ No___ (Check "not Applicable" for next question) Don't Know___

7.5 How well were these grievance or review procedures explained to you? Use the card for the next 4 questions.

Not at All___ A Little___ Some___ Very Well___ Not Applicable___

7.6 Were you given access to your child's written agency and school records when you requested to see them?

Not at All___ A Little___ Some___ A Lot___ Not Applicable___

7.7 How well were the advantages and disadvantages of each service or activity explained to you (for example, the side effects of medication, possible short term increase in behavior problems, etc.)?

Not at All___ A Little___ Some___ Very Well___

7.8 How much were alternative services or activities discussed?

Not at All___ A Little___ Some___ A Lot___

To sum up this part of the interview, I'd like to ask you a general question.

.1 Are there other things you'd like to share which weren't covered by this questionnaire and you feel are important to mention? You may have additional concerns or comments about the services your child and family received.

This section is about preparing your child for adulthood. Parents may realize that many or all of the services their child receives will stop when s/he turns 18 years of age. The transition to the adult service system can be hard for children who have serious emotional problems. The service plan should include activities which prepare the child and family for this transition. Assessment of the young adult's independent living skills and employability are examples, as well as referral to adult mental health services, vocational training and job placement, and peer support.

8.1 How well were the people providing services to your child <u>through the Youth Services Team</u> preparing him/her and your family for the adult service system?

Not at All$_1$ A Little$_2$ Some$_3$ A Lot$_4$

8.2 What was done?

_____

_____

_____

_____

8.3 What type of long range planning occurred?

_____

_____

_____

_____

8.4 What else do you think should be done to prepare you and your child for adulthood?

_____

_____

_____

_____

In this section, we would like to know how culturally appropriate your child's activities and services were since he/she was referred to the Youth Services Team. Cultural groups often have specific beliefs and values which are very important to the ways they raise their children, spend time together, and interact with other people. Some examples include what parents believe about discipline, including family members in decisions, and what's considered appropriate expressions of emotion. These beliefs and values are often influenced by things such as cultural group member's nationality, language, religion, sexual orientation, or disabilities they may have.

6.1 How important is it that your culture be considered by people who plan services for your child? Use the card.

Not at All___ A Little___ Some___ A Lot___ Don't Know___

6.2 Was your culture something that was considered when the primary service plan was created (primary plan identified in Question 5.7)?

Yes___ (go to 6.3) No___ Don't Know___

(If "No"): How were your cultural beliefs and values not taken into account? (if respondent does not give specific examples, ask them to be specific.)

_____

_____

_____

_____

6.3 How much did professionals consider your child's culture when they assessed her/his behavior? Use the card.

Not at All___ A Little___ Some___ A Lot___ Don't Know___

(go to 6.5)

(For answers other than "A Lot"): How were your cultural beliefs and values not taken into account? (If respondent does not give specific examples, ask them to be specific.)

_____

_____

_____

_____

6.4 Can you tell me how the activities or services for your child took her/his culture into account?

_____

_____

_____

_____

6.5 Are there things professionals could have done differently to respect your cultural beliefs?

_____

_____

_____

_____

6.6 Were there any ways in which you felt your cultural beliefs were ignored?

_____

_____

_____

_____

Family Centered

The following questions are about how "family centered" your child's activities and services were. When services are "family centered", it means that family members, particularly parents, are involved as much as they want to be and are able to be in the planning and delivery of their child's services. "Family centered" decisions consider the needs of the whole family. Decisions are jointly made by professionals and family members. Examples include arranging meetings or activities which consider your schedules and asking for your help when developing the service plan for your child.

5.1 Have you been invited to a meeting with people from the various agencies involved in your child's care?

Yes _____ No _____ (Go to 5.5)

5.2 Did you attend such a meeting?

Yes _____ (Go to 5.3) No _____ (Go to 5.4)

5.3 How many meetings of this kind did you attend in the last 6 months?

_____ (Go to 5.5)

5.4 If you didn't attend any such meeting, why not?

_____

_____

_____

5.5 Other than meetings, in what ways were you involved in planning for your child's care?

____ Telephone conversations with service providers
____ Home visits made by service providers
____ Other types of meetings with service providers
____ Parent-teacher conference
____ Requesting information
____ Other ways you were involved (specify): _____
_____

5.6 Was there a single service plan for your child which included all the services she/he was involved in?

Yes ___ No ___ Don't Know ___

5.7 Which agencies, schools, or providers had plans for your child? (list below. If child had more than one, ask respondent to identify the "primary" plan. Write this on "primary" line).

_____ _____
_____ _____
_____ Primary: _____

Please answer these next questions with the primary plan in mind.

5.8 Was a written plan developed?
Yes___ No___ Don't Know___

5.9 Were you asked to "sign off" on the plan?
Yes___ No___ Don't Know___

For these questions, please use the little white card, even though at times the answers won't make sense grammatically.

5.10 To what extent were you involved in developing the plan?
Not at All___ A Little___ Some___ A Lot___

5.11 To what extent was your child's progress discussed?
Not at All___ A Little___ Some___ A Lot___

5.12 Did the others understand your child's situation?
Not at All___ A Little___ Some___ A Lot___

5.13 Was enough time given for decisions about your child?
Not at All___ A Little___ Some___ A Lot___

5.14 Were your ideas valued by those planning services for your child?
Not at All___ A Little___ Some___ A Lot___

5.15 Did the professionals involved show concern for you and your family?
Not at All___ A Little___ Some___ A Lot___

5.16 Was there a role for you in carrying out the plan?
Not at All___ A Little___ Some___ A Lot___

5.17 How much did you agree with the plan?
Not at All___ A Little___ Some___ A Lot___

5.18 How much do you feel the needs of your whole family were considered in planning the activities and services your child was involved in?
Not at All___ A Little___ Some___ A Lot___

5.19 How much were you able to influence the activities and services your child was involved in?
Not at All___ A Little___ Some___ A Lot___

To sum up this part of the interview, I'd like to ask you a general question.

9.1 Are there other things you'd like to share which weren't covered by this questionnaire and you feel are important to mention? You may have additional concerns or comments about the services your child and family received.

PERCEPTIONS OF CHILD PROGRESS SCALE

CHILD'S NAME:_____ DATE:_____

GRADE: _____ AGE:_____

RATER:____Parent

____School

____Agency

Approximately three months ago this student was staffed at the YST. Please rate the student's progress in the following six areas:

	Don't Know	Worse	No Change	Improved	Much Improved
Behavioral self-control	0	1	2	3	4
Emotional adjustment	0	1	2	3	4
Social/Relationship Skills	0	1	2	3	4
Achievement	0	1	2	3	4
School adjustment	0	1	2	3	4
Family adjustment	0	1	2	3	4

SELF ASSESSMENT BY STUDENT
To be filled out by the child

CHILD'S NAME:_____ DATE:_____

GRADE:_____ AGE: _____

Rate your progress in the following six areas compared to three months ago:

	Don't Know	Worse	No Change	Improved	Much Improved
Controlling my behavior	0	1	2	3	4
Handling my emotions	0	1	2	3	4
Getting along at home	0	1	2	3	4
Getting along with peers	0	1	2	3	4
School grades	0	1	2	3	4
Getting along in school	0	1	2	3	4

YOUTH SATISFACTION QUESTIONNAIRE (YSQ)

(For children age 9 or older)

Please help us to make this program better by answering some questions about the services you've been getting OVER THE LAST COUPLE OF MONTHS. We want to know how you feel, good or bad. Please answer all the questions. Thanks!

(Circle your answers)

1	Did you like the help you were getting?	Yes	Somewhat	No
2	Did you get the help you wanted?	Yes	Somewhat	No
3	Did you need more help than you got?	Yes	Somewhat	No
4	Were you given more services than you needed?	Yes	Somewhat	No
5	Have the services helped you with your life?	Yes	Somewhat	No

Now we would like you to grade the specific services OVER THE LAST COUPLE OF MONTHS. For each service, circle a grade to rate how good you felt the service was.

_____	A	B	C	D	F	_____	A	B	C	D	F
_____	A	B	C	D	F	_____	A	B	C	D	F
_____	A	B	C	D	F	_____	A	B	C	D	F
_____	A	B	C	D	F	_____	A	B	C	D	F
_____	A	B	C	D	F	_____	A	B	C	D	F

FAMILY VIEWPOINT SCALE

Instructions: Below are a number of statements that describe how a parent or caregiver of a child with an emotional disability may feel about his or her situation. For each statement, please check the response that best describes how well the statement applies to you.

1. I feel that I have a right to make decisions about services that my child receives.
   __Very true __Mostly true __Somewhat true __Mostly not true __Not true at all

2. I often talk with other people about how they can help me with my child.
   __Very true __Mostly true __Somewhat true __Mostly not true __Not true at all

3. I feel I can have a part in improving services for children in my community.
   __Very true __Mostly true __Somewhat true __Mostly not true __Not true at all

4. I feel confident in my ability to help my child grow and develop.
   __Very true __Mostly true __Somewhat true __Mostly not true __Not true at all

5. I know the steps to take when I am concerned about poor services that my child is receiving.
   __Very true __Mostly true __Somewhat true __Mostly not true __Not true at all

6. I make decisions on what services my child receives.
   __Very true __Mostly true __Somewhat true __Mostly not true __Not true at all

7. I know what to do when problems arise with my child.
   __Very true __Mostly true __Somewhat true __Mostly not true __Not true at all

8. I get in touch with my legislators when important bills or issues concerning children are pending.
   __Very true __Mostly true __Somewhat true __Mostly not true __Not true at all

9. Generally, I feel my family life is under control.
   __Very true __Mostly true __Somewhat true __Mostly not true __Not true at all

10. I understand the way services for children are organized.
    __Very true __Mostly true __Somewhat true __Mostly not true __Not true at all

11. I feel I'm doing all I can to obtain services for my child.
    __Very true __Mostly true __Somewhat true __Mostly not true __Not true at all

12. I am able to work with agencies and professionals to get the services my child needs.
    __Very true __Mostly true __Somewhat true __Mostly not true __Not true at all

13. I have recently learned some new approaches to parenting.
    __Very true __Mostly true __Somewhat true __Mostly not true __Not true at all

OVER PLEASE = >

YOUTH SERVICES TEAM

CONSUMER SURVEY

Directions: Circle the answer or fill in as appropriate.

My role is a: parent school person agency person

Section One: Consumer response

1. I had an adequate understanding and preparation for the YST meeting.

   Not at all Somewhat Mostly Very much

2. I was treated like a respected member of the team.

   Not at all Somewhat Mostly Very much

Section Two: Response to the Team

3. To what extent did people offer new and positive options?

   Not at all Somewhat Mostly Very much

4. How willing were team members to provide needed services?

   Not at all Somewhat Mostly Very much

5. Who else would you have liked to have had on the team?

   _____

Section Three: Response to plan

6. The plan addresses my concerns.

   Not at all Somewhat Mostly Very much

7. The plan includes new, useable and supportive resources.

   Not at all Somewhat Mostly Very much

8. Any additional comments regarding the Youth Services Team staffing.

   _____

   _____

PARENT QUESTIONNAIRE
Family Services Consultant

Thank you for participating in this survey. This questionnaire is part of a research project being conducted by the Linn-Benton Education Service District in conjunction with a Federal Grant. It will be used to measure the helpfulness of the Family Services Consultant.

DIRECTIONS: Please answer the following questions by thinking about the time your family has been working with the Family Services Consultant.

1. Since my family's involvement with the Family Services Consultant, I:

   _____ feel more in control
   _____ feel less stressed
   _____ believe that my concerns have been heard
   _____ think my family have been emotionally supported.
   _____ am able to get the help I need for my family
   _____ other_____
   _____ none of the above

2. Do you believe you are connected with the community agencies and services that are needed by your family?

   _____yes _____no

   If no, what other services do your family need?

   _____

3. Which services were provided by the Family Services Consultant?

   _____ Helped us define our family goals and make a plan.
   _____ Changed our plan when needed.
   _____ Helped us in connecting with the school for planning and making other decisions.
   _____ Helped communication between the services and agencies our family was already connected with.
   _____ Coordinated recreational activities.
   _____ Connected us to mental health services.
   _____ Connected us to medical services.
   _____ Connected us to vocational services.
   _____ Went to court, meetings or appointments with us.
   _____ Other _____
   _____ None of the above.

4. Do you believe your child is doing better since working with the Family Services Consultant?

   In school:_____yes _____no At home: _____yes _____no

5. What was the most important thing that the Family Services Consultant did in working with your family?

   _____

   _____

MEMORANDUM

TO:

FROM: Judi Edwards, Project Coordinator

DATE:

SUBJECT: Evaluation of Family Coordination

As a part of evaluating the services provided by the Family Service Coordinators following YST Referrals, we would like to have you respond to the following questions. Please return the completed survey in the enclosed envelope. Thank you for helping evaluate our services.

CASE SPECIFIC EVALUATION

Student Name:

Presenting problem at YST staffing:

1. Based on the above presenting problems, has there been an improvement in the student's situation?

   ___ Improved ___ Same ___ Worse

   Comments?

   _____

   _____

2. Was the Family Services Coordinator helpful to the family?

   ___ Very helpful ___ Somewhat helpful ___ Not helpful ___ Not sure

   Describe what was helpful:

   _____

   _____

3. Did the Family Services Coordinator, as the Family Resource Team Leader of the YST service plan, keep you informed of changes and progress regarding the student and the family?

   ____ Yes _____ No

   Comments?

   _____

   _____

4. Were there additional services that the Family Services Coordinator could have provided for the family?

___ Yes ___ No

If yes, please explain:

_____

_____

5. Please describe what you believe was the most useful purpose served by the Family Services Coordinator for this family?

_____

_____

_____

_____

6. Other Comments:

_____

_____

_____

Linn-Benton-Lincoln ESD

Behavior Management Consultation Program Evaluation

Date _____ Consultant _____

School _____ Teaching Assignment _____

1. Was the information given by the consultant **helpful** in developing a student/ classroom plan?

Not at All Helpful						Very Helpful
1	2	3	4	5	6	7

Please rate the degree to which each of the following factors influenced your answer to the previous question:

		Not True						Very True
a)	The consultant listened to me.	1	2	3	4	5	6	7
b)	The consultant understood the problem from my perspective.	1	2	3	4	5	6	7
c)	There was adequate follow through with the consultant's part of the plan.	1	2	3	4	5	6	7
d)	The consultant was easy to contact for additional information or questions.	1	2	3	4	5	6	7
e)	There was sufficient time to develop a comprehensive plan with the consultant.	1	2	3	4	5	6	7
f)	The plan developed accounted for my present circumstances.	1	2	3	4	5	6	7
g)	Other: (please list)	1	2	3	4	5	6	7

2. Based on the information given to you by the consultant, how **confident** are you that you could develop a similar program for other students/classes who display similar behaviors?

Not Very Confident						Very Confident
1	2	3	4	5	6	7

3. Rate the progress observed in the student/class behavior since meeting with the consultant:

No Progress Observed						Great Progress Observed
1	2	3	4	5	6	7

Please rate the degree to which each of the following factors influenced your answer to the previous question:

		Not True						Very True
a)	The plan was appropriate for the student/classroom.	1	2	3	4	5	6	7
b)	Direct services were provided by the consultant.	1	2	3	4	5	6	7
c)	Services provided were well coordinated by the consultant (e.g., family services, mental health).	1	2	3	4	5	6	7
d)	The support received from others in my building as organized by the consultant.	1	2	3	4	5	6	7
e)	Access to consultant for follow-up questions and planning.	1	2	3	4	5	6	7
f)	Student/Class appeared interested/motivated to participate.	1	2	3	4	5	6	7
g)	Other:	1	2	3	4	5	6	7

4. After working with the consultant, would you seek services from him/her again in meeting similar objectives?

Not Likely to Contact						Very Likely to Contact
1	2	3	4	5	6	7

What specific features about the consultation process led to your decision to use or not to use Linn-Benton-Lincoln consultants in the future?

Linn-Benton-Lincoln ESD

Behavior Management Consultation Program Evaluation

Date _____ Consultant _____

School _____ Teaching Assignment _____

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1. Was the information given by the consultant **helpful** in developing a plan to reach the objective?

Not at All Helpful						Very Helpful
1	2	3	4	5	6	7

Please rate the degree to which each of the following factors influenced your answer to the previous question:

		Not True						Very True
a)	Assistance was provided in a timely manner.	1	2	3	4	5	6	7
b)	Assistance provided was relevant and practical.	1	2	3	4	5	6	7
c)	Adequate follow through on the part of the consultant.	1	2	3	4	5	6	7
d)	The consultant was easy to contact for additional information or questions.	1	2	3	4	5	6	7
e)	There was sufficient time to develop a comprehensive plan with the consultant.	1	2	3	4	5	6	7
f)	The consultant provided assistance in team building and/or defusing a potentially explosive situation.	1	2	3	4	5	6	7
g)	Other: (please list)	1	2	3	4	5	6	7

2. Based on the information given to you by the consultant, how confident are you that you could develop a plan for similar situations?

Not Very Confident						Very Confident
1	2	3	4	5	6	7

3. Rate the progress observed in meeting the stated objective since meeting with the consultant:

No Progress Observed						Great Progress Observed
1	2	3	4	5	6	7

Please rate the degree to which each of the following factors influenced your answer to the previous question:

		Not True						Very True
a)	Plan/assistance provided was appropriate.	1	2	3	4	5	6	7
b)	Direct services provided by the consultant were effective.	1	2	3	4	5	6	7
c)	The consultant was able to successfully coordinate multiple services (e.g., family services, mental health).	1	2	3	4	5	6	7
d)	Coordinated support throughout the building established by the consultant.	1	2	3	4	5	6	7
e)	Access to consultant for follow-up questions and planning.	1	2	3	4	5	6	7
f)	Other: (please list)	1	2	3	4	5	6	7

4. After working with the consultant, would you seek services from him/her again in meeting similar objectives?

Not Likely to Contact						Very Likely to Contact
1	2	3	4	5	6	7

What specific features about the consultation process led to your decision to use or not to use Linn-Benton-Lincoln consultants in the future?

Linn-Benton-Lincoln ESD

Behavior Management Consultation Program Evaluation

Date _____ Consultant _____

School/Agency _____ Teaching Assignment _____

---

1. Was the information given by the consultant **helpful** in developing a plan to reach the objective?

Not at All Helpful						Very Helpful
1	2	3	4	5	6	7

Please rate the degree to which each of the following factors influenced your answer to the previous question:

		Not True						Very True
a)	The consultant provided assistance that was relevant and practical.	1	2	3	4	5	6	7
b)	The consultant followed through with his/her part of the plan.	1	2	3	4	5	6	7
c)	The consultant was easy to contact for additional information or questions.	1	2	3	4	5	6	7
d)	There was sufficient time to develop a comprehensive plan with the consultant.	1	2	3	4	5	6	7
e)	The consultant was sensitive to and demonstrated an understanding of my needs/perspective.	1	2	3	4	5	6	7
f)	Other: (please list)	1	2	3	4	5	6	7

2. Rate the progress in meeting the stated objective since meeting with the consultant:

No Progress						Great Progress
1	2	3	4	5	6	7

Please rate the degree to which each of the following factors influenced your answer to the previous question:

		Not True						Very True
a)	Assistance provided was appropriate.	1	2	3	4	5	6	7
b)	Direct services provided by the consultant were effective.	1	2	3	4	5	6	7
c)	The consultant was able to successfully coordinate multiple services (e.g., family services, mental health).	1	2	3	4	5	6	7
d)	Access to consultant for follow-up questions and planning.	1	2	3	4	5	6	7
e)	Other: (please list)	1	2	3	4	5	6	7

3. After working with the consultant, would you seek services from him/her again in meeting similar objectives?

Not Likely to Contact						Very Likely to Contact
1	2	3	4	5	6	7

What specific features about the consultation process led to your decision to use or not to use Linn-Benton-Lincoln consultants in the future?

INDICATORS OF SYSTEMS CHANGE SURVEY

Please indicate your type of involvement in the Linn County Service Delivery System. Please check all that apply.

Position		Project Affiliation
__ School	__ Management	__ YST Board Member
__ Agency	__ Direct Service Provider	__ Regional YST Member
__ Parent	__ Case Manager	__ Regional DHR Project
__ Other	__ Other	__ Grant Task Force

	Yes	Partially	No	Under Consideration	Comments
Are interagency agreements in place?					
* Are agency agreements negotiated with the clear understanding that they are meant to be binding?					
* Are policies in place to address agreements broken in "bad faith"?					
Do program-level information and intelligence trigger policy-level changes across multiple systems?					
* Is there a case management system or other method for collecting information on a case-by-case basis to determine what services children and families need that are not available and what barriers prevent them from using services that are available, including transportation, cultural and interpersonal issues, and eligibility rules?					
* Is there a person or committee designed to analyze this information, to identify those barriers that could be resolved by policy-level actions, and to summarize findings?					
* Is there a procedure in place to ensure that the collaborative reviews this information? Has action been taken as a result?					
Have partners developed shared information systems?					
* Is there ready access to each other's records?					
* Are shared confidentiality protocols in place?					
* When agencies implemented and expanded computer systems, did they take into account interagency access capabilities and information-sharing needs?					

Adapted with permission from Together We Can: A Guide for Crafting a Profamily System of Education and Human Services by Melaville, A & Blank, M, U.S. Department of Education and U.S. Department of Health & Human Services

	Yes	Partially	No	Under Consideration	Comments
* Have agencies replaced separate in-house forms to gather the same kind of information with a common form used by all members or other organizations to establish program eligibility? Assess case management needs? Develop case plans?					
* Are periodic community report cards released and public meetings and forums conducted to keep the public apprised of specific collaborative accomplishments and overall progress toward improving key indicators of community well-being?					
Has the collaborative devised a financing strategy to ensure long-term funding?					
* Are plans in place to support new patterns of service delivery beyond the prototype level?					
* Have partners drawn a financial resource map to identify major funding sources entering the community?					
* Have partners contacted state liaisons to explore how current funding sources could be channeled and maximized to support prevention-oriented services?					
Has the collaborative gained legitimacy in the community as a key vehicle for addressing and resolving community issues regarding children and families?					
* Does the collaborative have a voice that is heard in the community?					
* Are the collaborative's position on community issues supported by commitments from public and private service providers, the business community, and the church-and neighborhood-based organizations whose members are often most directly affected by collaborative decision making?					
Have partner agencies incorporated the vision and values of the collaborative at their administrative and staff levels?					
* Have partners altered hiring criteria, job descriptions, and preservice or inservice training to conform to a vision of comprehensive, accessible, culturally appropriate, family-centered, and outcome-oriented services?					

	Yes	Partially	No	Under Consideration	Comments
* Have partners changed the design hours, and location of waiting rooms and interviewing offices, or revised the nature of services?					
* Has there been cross-training to share factual information among all of the agencies working together to provide school-linked services?					
* Have partners developed training to help staff consider the extent to which they are willing to let collaborative's goals and objectives influence their day-to-day interaction with each other and with children and families?					
* Is there a change in the way teachers, principals, and service providers relate to each other? To their Students? To others they serve?					
* Are redirected staff assigned to work in school-linked centers keeping in touch with policies and agencies?					
* Is there basic agreement on who they need to serve, what they should be doing, and what results they should expect?					
* Are outcome goals clearly established?					
* Has the collaborative used its data collection capacity to document how well children and families are faring in their communities and how well agencies and child-serving institutions are meeting their mandates?					
* Are these data used strategically both within the collaborative and in the larger community to advance the collaborative's goals?					
* Are outcomes measurable? Do they specify what degree of change is expected to occur in the lives of children and families during what period of time?					
* Is shared accountability a part of outcomes that reflect education, human service, and community goals and objectives?					
* Is public accountability established?					

Please return completed form to: Judi Edwards/Coordinator
Linn-Benton ESD
905 4th Ave., S.E.
Albany, OR 97321